V. S. No. 1

	PLACE OF DEATH	01352	STATE OF MARYLAND
	County U, U,	(93-2)	CERTIFICATE OF DEATH
	11 0 0 00 7		Registration Dist. No. 22
Vil	Hago or Citt rochoachville, h	d,	St.: Ward) (If death occurred im
	2 FULL NAME THATY Theres	ia am	elling in street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH
7/2	male It hill of North word)	16 DATE OF DEATH	Hel. 21, 1931 (Month)—(Day) (Year)—
6 1	DATE OF BIRTH Mar ch (Month) (Day) (Year)	that I lot saw hall	1 44.7
	65 yrs. // mos. /6 ds ormin.?		TH * was as follows:
133	a) Trade, profession or Posticular kind of work	Chronic	Ingocarditis
b	b) General nature of industry ousiness, or establishment in which employed or (employer)		(Durstion) yre 6 mas ds.
9 [	(State or country) Grmany	Contributory	5 A
	10 NAME OF John Wilkes	(Signed)	Lancoulin M. J. (Address) Bowel, hel
RENTS	OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER (State or country)	*State the D Violent Caus s, st Accidental, Suicidal	Discase Causing Death, or, in deaths from
PAI	OF MOTHER Mary Pollucare  13 BIRTHPLACE	ients or Recent Re	
	OF MOTHER (State or country)	At place of death yrsn	
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cont if not at place of deal Former or usual residence	h?
-	(Address) Bowie. 2nd	19 PLACE OF BURIA	le removal Date of Burial Jul. 23, 1931
15	Filed Fely 22 19231 M. L. Sanes	20 UNDERTAKER	ung Plans Bowie. Incl
1	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., I	Ballo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a household only (not paid Housekeepers who receive a Housewife, House laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Housemaid, etc. worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the pushed to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospha fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crou"); Typhoid fever (never report "Typhoid Pneumonia"), Lobor pneumonia. Bronchopneumonia ("Pneumonia")

telanus) may be stated under the head of "contributory" earbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., ef Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Messles; unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condicough; Chronic valvular heart discase, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

Village or City Brooklyss (No. B. E. 2 FULL NAME Charlotte a	St; Ward)  St; Ward)  St; Mand a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	16 DATE OF DEATH & elrusary 27, 1981 (Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from
7 AGE  **Company Company Compa	that I last saw here alive on fee and that death occurred on the date stated above, at 2000 m.  The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Banchofaerma (Burstion) yrs. mos. 4 ds
9 BIRTHPLACE (State or country) Worway.	Contributory Secondary  (Ouration)
10 NAME OF FATHER Chan, andersen.  11 BIRTHPLACE OF FATHER (State or country) Norway.  12 MAIDEN NAME OF MOTHER WAS MAGDELEVE WARM.  13 BIRTHPLACE	OR RECENT RESIDENCE (FOR HOSPITALE, INSTITUTIONS, INARESTELLA OR RECENT RESIDENTS)  At piece In the
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE  (Informant) Fritz Olafsen	ef desth yrs. mos. ds. Stata, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or equal residence
Filed 2/ a.y. 1913/ Smy News	DATE OF BURIAL OR REMOVAL  Cedar Hill  ODIAL  20 UNDERTAKER  ADDRESS  16(W. Baratoga St., Balto. Reduesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebnospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobur pneumonia. Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, meninging the procession of the preumonia of lungs, meninging the preumonia is indefinite); Tuberculosis of lungs, meninging the preumonia of lungs, meninging the lungs of lungs of

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia, cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. "Turnor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; The contributory (secondary or intercur-"Dropsy," State cause for which Never report mere Revolver wound of "Exhaustion,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PARENTS

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PLACE	OF DEATH						(
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ounty	II. AL ULIUE	٠					11-0
ige or City	MAF	RYLAI	CV	HOUSE (No.	OF	CORRE	ECTION
2FU	LL NAME	ries	lis	un X	20	nde	Jest
PERSON	NAL AND ST	ATIST	CAL	PARTIC	ULA	RS	
ALE	A COLOR OR	RACE	M/ WI	NGLE. ARRIED. DOWED. DIVORCE rite the word	e Ma	rried	16 DATE
			(W	rite the word	1) 2.2		
ATE OF BIR	тн	(Month)		1896 (Day)	>	I(Year)	Feb.
E	35 yrs.		mos.	d	1 d	ESS than ayhrs. min.?	and that
Trade, pr	ofession or d of work			aborer			***************************************
General n	ature of indust stablishment in ed or (employe	ry	ks	•			***************************************
RTHPLACE (State or col	intry)	U.	s.	A.			Contri Secon
FATHER	F	2					(Signed)
OF FATH (State or	ER	2				F	eb 20 *Str Violent
OF MOTH		2.					Acciden 18 LENGT
OF MOTH (State or	ER	S					At place of deeth

#### 394 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in

Jessup., Md Survey tion, give Its NAME Instead of street and number.)
MEDICAL CERTIFICATE OF DEATH
February 20 -193\192  Second (Month) 20 (Day)1931 (Year)  I HEREBY CERTIFY, That I attended the deceased from Feb.18-1931 192 to Feb.19-31 192 thet I last saw him alive on Feb.19-31 192 and that death occurred on the date stated above, at 7:12 mm.  The CAUSE OF DEATH * was as follows:
(Duration) yrs. mos 3 ds.  Contributory Influenza secondary  Secondary 10 ds.  (Sinned) M. D.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of deeth yrs. 1 mos. 9 ds. In the 35 yrs. mos. ds.
Where was disease contracted. at place of death if not at place of death
Former or usual residence 855 E. Fairmount Ave. Balto.
Mit Cubury Cem Feb 23, 19.3
Mrs A alie / Uhllan Ballo. Mil

If mere blanks are needed, address State Registrar, 16 W. Saratoga St., Balte., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) tired 6 yrs). definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, (b) Automobile factory. The For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation -Coal mine, etc. not gainfully em-(6) material Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic on etc. valvular heart Nomenclature The contributory Always qualify all Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	5
1. PLACE OF DEATH	94-0	1)
County a. a. Esemly.	Registration Dist. No.	-20
Village or City Haward	NoSt.,	_Ward
(If Length of residence in city or town where death occurred, 75 yrs	death occurred in a hospital or institution, give its NAME instead of street and number	) ds.
0 . 0 . /-	3 )	
2. FULL NAME Joseph Crony Ou	lect	
(a) Residence: No. Advisor (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	operioris and
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	2 - 10 ,193/	,
5a. If married, widowed, or divorced	(Month) (Day) (Y	ear)
HUSBAND of O B 1 B	22.   I HEREBY CERTIFY, That I attended decease	ed from
Jane Groupher Hed	7/1/ 193/ , to 2/10/ 19	3/
6. DATE OF BIRTH (month, day, and year) Nun /4-/836	I last saw h malive on Dy / 193/; death	n is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 m.	
74 10 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	of onset
8. Trade, profession, or particular		
kind of work done, as SPINNER, Jaumes	Irmal allino Selevois &	5/36
9. Industry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and 4/4/3) spent in this occupation (month and 4/4/3)		
2	Other Contributory Causes of importance:	112.
12. BIRTHPLACE (city or town) (Stato or country)	angina Prenis	134.
E		
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation	. 7_
	What test confirmed diagnosis? Was there an autopsy	1- Klay
E Zeel	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 1	9
Control country	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT X SYTTEM	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Sands Poly 18. BURIAL CREMATION, UR REMOVAL	Manner of injury	
Place Mr. J Rem Date /2/12/ 1931	Manner of injury	
ala mi ya la		
19. UNDERTAKER JULIA OF THE CONTROL	24. Was disease or injury in any way related to occupation of deceased?	
T	(Signed) J. Maclane Courol	M D
20. FILED # 11, 1931 from a C. France Registrar.	(Address) May Ring mal	WI. U.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BUREATT V	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should be carefully supplied. ACE should be stated EXACTLY, P. E. OF DEATH in plain terms so that it may be properly classified. CORD BINDING TH UNFADING INK--THIS IS A FOR MARGIN RESERVED Every Item of information stans CIANS should state CAUSE

statement of OCCUPATION is very important. See instructions on back of certificate.

20	Con.		
13	2/		-
11	X	=	O
	11	2	3
/	-//	-	W
		-	

PLACE OF DEATH

County	Anna	Arun	707
County	CHILITY	CA I LATI	i led

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STATE OF MARYLAND CERTIFICATE OF DEATH

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9	2-	-0	2	à.		
	1	-	100	-		

	Registration Dist. No.
Village or City Solley (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female   Colored   Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)   Marrie	ed (Month) (Day) (Year)
S DATE OF BIRTH  Yelrusry 8, 1864  (Month) (Pay) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2-2 192I. to 2-5 , 192I that I last saw her alive on 2-5 , 192I
or MGE  If LESS than I day hrs or min.  B OCCUPATION  (a) Trade, profession or particular kind of work Housework	The CAUSE OF DEATH * was as follows:  I) Chronic endocarditis (aortic regurgitation),
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Maryland	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME OF FATHER James Henson  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME	(Signed) A. W. D. M. D. A. C. C. M. D. D. C. C. M. D. D. C. C. C. M. D. C. C. C. M. C. C. C. M. C.
12 MAIDEN NAME OF MOTHER Rebecca Miller 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds  Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) James Boddy (Boddee)  (Address) Solley Md.	19 PLACE OF BURIAL OR REMOVAL Marley Neck Cemetery 2-II . 19 3.1
Filed 2-9 193/ Z.a. Bleck - 8 Registrar	20 UNDERTAKER ADDRESS 163I Orleans
If more branks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of tired 6 yrs). household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. r," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Traemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N	0	PHYSI-
	CORD	d EXACTLY erly classifie tificate.
	TY	state prope of cer
MARGIN RESERVED FOR BINDING	WRITE PLALY, ITH UNFADING INK-THIS IS A PERMA, NT CORD	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
		m -
		Z

PLACE OF DEATH	01397 STATE OF MARYLAND
County and amule	CERTIFICATE OF DEATH
0 1 14	Registration Dist. No. 26
Village or City & MMMM (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH 7 14 , 193/ Lilius (Month) 14 (Day) 1931 (Year)
S DATE OF BIRTH  June 1843  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from  Lib. (0 1931 to Lb. 14 1931  that I last saw here alive on the 14 1931
7 AGE  STyrs. Fmos. 5 ds. or min.?	The state of the s
(a) Trade, profession or particular kind of work to the look of b) General nature of industry	
business, or establishment in	(Duration) yrs mos / O ds
which employed or (employer)  BIRTHPLACE (State or country)	Contributory Lyfertryim, artificial is a condary (Durstion) 10. yrs. mos. ds.
10 NAME OF FATHER W. H. Harvie	(Signed) Emily C. Harmond M. D. Ib. 16 131 (Address) Lattron, Ind
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Hadrick	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State yrs mos ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) To a Standisty	usual residence
(Address) Halesvill All	Strames bin 316/8, 1931
Filed Feb 17 198/ Ger, Much M.D. Registrar	20 UNDERTAKER ADDRESS Jales relle
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U.S. Cénsus and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee of Nomentlature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping ..... (name origin; "Cancer" is less definite; avoid American Medical Association (Recommendations on statement as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic ," "Coma," "Convulsions, valvular heart disease; affection need etc. The contributory of cause of death not be

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Exact

PLACE OF DEATH

County	An	ne	AT	9111	bn	67
County.	m. Li	1110	-73.1		1.23.4	Till alle

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#### 01398 STATE OF MARYLAND CERTIFICATE OF DEATH

1	-	-		
6	10	14	7	
1.		w	1	
-	-	-	-	

Village or City Mt. Carmel (No	St.: Ward)  St.: Ward)  Briscoe)  Registration Dist. No. 2I  (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	February 5th , 1921	
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 192 192 192 192 192 192 192 192 192	
December 30th , 1 930 (Month) (Day) (Year)  7 AGE   If LESS than   1 day hrs.   or min. >	that 1 last saw halive on, 192, and that death occurred on the date etated above, at 7 & am. The CAUSE OF DEATH * was as follows:  Laringysmus stridulus	
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos ds.  Contributory Secondary	
(State or country) Md.  10 NAME OF FATHER Arthur Briscoe	(Signed) M. D.  Feb. 5 MI (Address) Pasadena, M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
OF FATHER (State or country)  Md  (State or country)		
12 MAIDEN NAME OF MOTHER Bessie Marshall 13 BIRTHPLACE OF MOTHER (State or Country) Md.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transiente or Recent Residents)  At place In the State State State of death State Sta	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence	
(Informant) Bessie Marshall (Address) P.O. Pasadena, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Feb. 5, 1931	
15 Filed 2-5 18 I Z.a. Bleis	Zeb. Cuthbertson Pasadena, Md	
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

laborer, sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enworked on may form part of the second statement. harer, Farm laborer, Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womsingle word or term on 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Tobar pneumonia, Bronchopneumonia ("Pneumonia,")

ntetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all ...... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as

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PERN	shou It ma
A	ACE
WRITE PLALY, OTH UNFADING INK-THIS IS A PERM	N. B. Every item of information should be carefully supplied. ACE should CIANS, should state CAUSE OF DEATH in plain terms so that it may
S. Carrie	N. W.
	10000

V. S. No. 1

PLACE OF DEATH	01399 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No.
and bul mo	
Village or City (1997) [Mo! ]	St.: Ward) (If death occurred in a hospital or institu-
Lotticia Bus	tion, giva its NAME in- stead of street and number.
<sup>2</sup> FULL NAME for the	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Served or DIVORCED Carried	Jenny 16 , 1951
female O/OE (Write the word)	[ 710mg (Month) (O (Day) / 73] (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1884	, 192, 192, 192,
(Month) (Day) (Yeaf)	that I last saw halive en, 192,
7 AGE [If LESS tha	n and that daath occurred on the date stated above, at
I dayhr	
7 8 yrs. mos. ds. or min	3) apoplery
a) Trade, profession or	V / J
particular kind of work	
(b) General nature of industry business, or establishment in	-3 1
which employed or (employer)	(Duration) yrs. mos. de.
9 BIRTHPLACE	Contributory Sacondary
(State or country)	One year (Durstion) yrs mos de.
10 NAME OF	(Signed) John W. auderson JP. Oching os comme M.D.
FATHER & Genery Brown	
11 BIRTHPLACE OF FATHER	192 (Address) aucefoles Mile)
Z (State or country) Al- Cu	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
of MOTHER alice. Joing	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) U. U. Co,	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
D. 18.	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Camp. Lacol, My	10 Vall Cont - Feb 19.31
	120 UNDERTAKER ADDRESS A
15 Filed 7 1/9 19231 tray 6 C. try a 2	1 1 34 northurs
Registrar	mulas frem f. Semagolia, m
If more bianka are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUKY State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; not be

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BINDIN

FOR

MARGIN RESERVED

Every Item of information should be carefully supplied. ACE should be stated EXACHY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. ACE should be stated EXACRY, ORD A PERMAN TH UNFADING INK--THIS IS WRITE PLA

PL	ACE	OF	DEATH
County	Anı	ne	Arundel

01400

S. No. 1.

STATE	OF I	MAR	LAND
CERTIFI	CATE	OF	DEATH

				Registration Dist. No. 21
Vil		JLL NAME Anna Bu	ille(NState Hospit arnett	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	emale	4 COLOR OR RACE black	MARRIED, WIDOWED. OR DIVORCED (Write the word)	February 15th 192 31 (Month) (Day) (Year)
6 1	DATE OF BI	RTH UNKNOV		January 30th, 21 to February 15, 192 31 that I last saw her alive on February 15th, 192 31
7 4	AGE	46 yrs. unl		and that death occurred on the date stated above, at 3:15A.m. The CAUSE OF DEATH * was as follows: Exhaustion due to mental disease
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	articular kinds) General in usiness, or		fousework Carolina	Contributory Secondary  (Durstion) Unknown mos ds.  Manic Depressive-Manic  Durstion of the contributory o
	10 NAME	Bill I	Locust	(Signed 15, 192 31 Address) Crownsville, Md.
RENTS	OF FATI (State of		n Carolina	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
PARE	12 MAIDE		vn	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHE OF MOT (State of		own	At place of deathyrsmos. 16.ds.  Where was disease contracted,
14	(Informan	Hospital F		if not at place of death?  Former or usual residence Baltimore City, Maryland
_		dress) Crownsvi	ille, Maryland	19 BYACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 19 19 19 19 19 19 19 19 19 19 19 19
15	Filed W	116 1923/ \$	seple C. Force M	DE DISOFRIAKER

Registrar

If more bianks are needed, address State Registrar, 16.W. Saratoga St., Balto., Requesting

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the primary affection with respect to time and causation), using always the same accepted the primary of the same disease. Examples: ('crebrospinal fever (t) a only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

lelanus) may be stated under the head of "contributory." approved by stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ...... name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy." "Collapse." "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcomo, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic valvular heart disease; etc. The Nomenclature Always qualify all contributory Measles;

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Exact

PLACE OF DEATH	01401 STATE OF MARYLAND
County A A	CERTIFICATE OF DEATH
County	Registration Dist. No. 20
Village or City Davedman 21lle	St: Ward) If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME 2d wars tu	rusan Oufler stead of street and street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEI OR DIVORCED (Write the word)	(Month) (Day) (Year)  17   HEREBY CERTIFY, That A strended the deseased from
6 DATE OF BURTH	Acus 15 1031 10 Feb, 24th 19231
Vec. 275, 1839	that I last saw h lus alive on Fish, 22 2 1, 1921.
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE	The CAUSE OF DEATH & was as follows:
9/yrs. // mos. ds. or min. ?	Cerebral Selumo Lago
OCCUPATION (a) Trade, profession or	
(b) General nature of industry	/ 40 /
business, or establishment in which employed or (employer)	(Duration) yra mwall de
9 BIRTHPLACE (State or country)	Contributory Mona Weller Delevous
10 NAMES OF	(Signed) Mortine Hayes M. D.
FATHERINGS William Butter	748 24 1931 (Address) Dave to mullet
11 BYRTHPLACE OF EXTHER OF EXTHER 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal,
of MOTHER Leve Buffer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. da, State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informani) Vandall Butle	Former or usual residence.
(Address) David Jenville, Mil	Degratas H. Mil the 26th 1931
Filed Fel . 25 1981 M. Lucker Tglehart	20 UNDERTAKER ADDRESS
Jegistrar	Clarence For Eacre Mitchellsrifle,

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balte., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

ad litional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborer-Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. But in many fulners of various parsuits can be known. The queswhatever, write None. tired to yrs.). Statement of Occupation-Precise statement of oc For many occupations a single word or term on especially in industrial employments, it is neces-01: 1 without more precise specification as Home, and children, not gainfully em-For persons who have no occupation -Coal mine, etc. Wom-As examples: (a) of persons en-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

conditions, such as "Asthenia," "Anaemia" (merely ary), W ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." quences train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS STATE MEANS OF INJURY "Puerperal septicuemia." "Puerperal peritonitis." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemla," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," causing stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and couse Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under (secondary or intercurrent) affection need not be ment of cause of death approved by Committee on death), 29 ds.; Bronchopneumonia (e. g., sepsis, tetanus) may be stated under the cough; "Debility" Chronic valvular heart disease; ("Congenital," "Senile," etc.) (Recommendations on state-Example: Meastes (disease "Соши," (second-

If this certificate is 100 ked over thoroughly and all questions inswered in detail, it will prevent further correspond ence. All the data 's essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING TH UNFADING INK--THIS IS A PERMAN MARGIN RESERVED FOR LY, WRITE PLA S. No. 1

N. B.-

PLACE OF DEATH County	01402 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Good Camp	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH    1   3  , 192  , (Year)
6 DATE OF BIRTH  Month)  (Day)  (Year)	that I last saw h alive on 192, 192
7 AGE 24 775. 6 mos. 24 ds. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Diration) yrs. mosde
9 BIRTHPLACE (State or country) (C (C C)	Contributory Secondary  (Duration)  (Signed)  (Signed)  M. Duration
TI BIRTHPLACE OF FATHER (State or country)	*State the Pisrase Causing Death, or, in deaths from Violent Causes, state (1) Mean of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER PLUM Deums	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyrsmosds. In the Stateyrsmosds  Where was disease contracted,
(Informant)	if not at place of dea.h?  Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2 - 20, 193
15 Filed 2/ 20 1998/ must large Registro	20 UN DESTAKER Ball MU
If more banks are needed, address tate Kegistri	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emgaged in domestic service for wages, as Servant, Cook, tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Marm muurer, who are engaged in the duties of the (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, ," etc., For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-6) Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Corchraphate fever (the only definite synonym is "Epidemic corebrostinal meningitis"); Diphtheria (avoid use of "Creup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and n'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDIN ITH UNFADING INK--THIS IS A PERMAN MARGIN RESERVED FOR WRITE PL

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No.	
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1PLACE OF DEATH	01403 STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Shidman (No.	St.: Ward) (If death occurred in a hospitel or institution, give its NAME instead of street and
2FULL NAME MANY (C)	number-)
PERSONAL AND STATISHEAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. MIDOWED. MODIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	17 J. HEREBY CERTIFY, That I attended the deceased from  ###################################
7 AGE   If LESS than	and that death occurred on the date stated above, at
# 6 yrs. 8 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows: the Caute fellow atroly & Jises
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	4.
which employed or (employer)	Contributory Childbetth
9 BIRTHPLACE (State or country)	Secondery
10 NAME OF FATHER MANON MINNING	(Signed) Check Leelles M. D.  1920 (Address) Culaft W
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother hand huntry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Marie Leas	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL 7 DATE OF BURIAL
(Address) A fridmine	Droudneck Cone, mar. 2, 193/
Filed \$128 19281 fraglish Registrar	3. Amon Amagrica mos
If more branks are needed, address State Registrate	, 16 W. Saratogs St., Belto., Requesting V. S. No. 1.
	Or. Anderson

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Lee gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Examples: Accidental drowning; Struck by rollway train-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH  County	G1464 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City smp Paroles Ind.  2FULL NAME South	Registration Dist. No.  St.: Ward)  A hospital or institution, give its NAME Instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANUEL OR DIVORCED (Write the word) 6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from 2 192  that I last saw h 2 alive on 2 1 3 192  that I last saw h 2 alive on 2 1 3 192
7 AGE 29   If LESS than I day hrs or min.	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	John Deummet  (Durstion) yrs. mos. 7 de.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	Contributory Secondary
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWCEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. In the State yrs mos ds.  Where was disease contracted, if not at place of death?
(Informant) (Lucy Can Fried March 15 Filed 15 1923 / Gray C. Régistrar	Former or usual residence  19 BCACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  A
If more bianks are needed, address State Registre	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Doy For persons who have no occupation, (b) Automobile foctory. The material -Coal mine, etc. Wom-(b)

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,")

telonus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify al (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be shtained before the certificate is permanently filed.

CORD

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properly classift

It may be properly class on back of certificate.

instructions that

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

PARENTS

should be stated

BINDING FOR MARGIN RESERVED

Every item of Information should be carefully CIANS should state CAUSE OF DEATH In plain statement of OCCUPATION is very Important. WRITE PL No. 1 1/2

	OF DEATH		
County 4	mul Arm	el.	
	Drewrys	(No.	Ohne
PERSON	AL AND STATIST	CAL PARTI	CULARS
3 SEX Temale	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORC (Write the W	Suyle- crd)
6 DATE OF BIR	гн	1	
1	(Month)	(Day)	, 1(Year)
7 AGE Com	+ 80 yrs.	mos.	If LESS the I day hr ds. or min
BOCCUPATION (a) Trade, proparticular kin	d of work	unlen	swn
business, or e	ature of industry stablishment in ed or (employer)		
9 BIRTHPLACE (State or col	intry Maryla	wol	
10 NAME O	F /		

01465

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital ar institution, give its NAME in-stead of street and number.)

16 DATE OF DEATH Jel	(Day) (Year)
17 I HEREBY CERTIFY, That I at 1923 . to 7 that I last saw handlive on	tended the deceased from
and that death occured on the date stated	above, atnı
The CAUSE OF DEATH * was as follows:	
Chronic nephritis. Cevista.	
Contributory Aug Contributory Secondary	yrs.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Signed) Marks (Address)	ent Diver M. C.
*State the Disrase Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	, or, in deaths from njury and (2) whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans
At place of deathyrsmosds. In the	e ated
Where was disease contracted, if not at place of death?	
Former or usual residence	
Harre of Burial OR REMOVAK	DATE OF BURIAL
W. C. Welch	Triendoliejo.
16 W. Saratoga St., Balto., Requesting V.	

MEDICAL CERTIFICATE OF DEATH

Address

OF MY KNOWLEDGE

15 Filed

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Sthan hrs.

min.?

Z

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: 'a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g.. Furner or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Civil engineer, Stationary freman, etc. But in many whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile factory. The material Salesmon, -Coul mine, etc. Locomotive engineer, (b) Grocery; -movi

Statement of Cause of Death—Name, first, the DIS-DASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and eonsequences (c. g., sepsis, telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or misearriage as (secondary Chronic interstitial nephritis, approved by Committee on (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; Examples: Accidental drowning; Struck by railway train American Medical Association.) FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be for malignant neoplasms); Measles, Chronic Example: Measles (disease SUICIDAL, or HOMICIDAL, valvular heart disease; etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	130 U1406
County a a	Registration Dist. No. 2/
Village or City annapole	No. St., Ward  No. Consider of Institution, give NAME instead of street and number)
Langth of residence in city or town was a death assured that we	
2. FULL NAME Hary lelow	
(a) Residence: No. Land Caurt	St., Ward, Randall On
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Oracle Whill Oracres	21. DATE OF DEATH FEL 19 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of maniles Clow	22. I HEREBY CERTIFY. That I attended deceased from
is a pare of pieru (month day and was) Clark - 1865	211.19
6. DATE OF BIRTH (month, day, and year) William / 8 9 7. AGE Years Months Days If LESS than	I last saw h alive on
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work dona, as SPINNER,	1 Uraruse 7417/s
9. Industry or business in which work was done, as SILK MILL,	13
SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation spont and (9) (11. Total time (years) spent in this (6)	
12. BIRTHPLACE (city or town) Consumption (State or country)  13. NAME  Value  Value	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Company of the Company	formo delevores luffen
(State or country)	- ( ) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Image:	T. Wylantis,
14. BIRTHPLACE (city or town).	Name of operation Date of
(State of Country)	What test confirmed diagnosis? (Plant Chee who Was there an autopsy? 40
15. MAIDEN NAME algeria Enams  16. BIRTHPLACE (city or town)  (State or gountry)  17. MAIDEN NAME  (State or gountry)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or dountry)	Accident, suicide, or homicide? Date of Injury, 19
(State of County)	Where did Injury occur?(Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cest St anno Data Jeb 2/ 19	- Nature of injury
n. 4. 21 sahane	74
19. UNDERTAKER D. La Happing (Address) annaly the Mary	24. Was disease or Injury In any way related to occupation of deceased?
Charles and The	(Signed) Thur Turais M.D.
20. FILED TO 12 1 1931 França C. F. av 118 Registrar.	(Address) Ann apolis my
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or basiness in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

nd related causes Date of onset  1 week ago 1 week ago
1 week ago
3 days ago
aportance:
1 year
1

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RESERVED

MARGIN

DATE OF BURIA

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

192

number.)

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from laborer, Form laborer, Loborer—Coat minc, etc. wounden at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Loborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Solesman. without more precise specification as Doy For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "Inanition," "Marasmus, UIG Age, "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemio," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway troin "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

Every item of information should be carefully supplied. ACE should be stated EXACTLY P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. PERMAN BINDIN FOR K IS TH UNFADING INK--THIS MARGIN RESERVED

S. No. 1

m ż

PLACI	E OF	DEATH	
County	Anne	Arundel	



#### STATE OF MARYLAND

County	Anne Arundel	T4444440000		23			OF DEATH
	Crownsv	ille State		tal		gistration I	00.1 .1
PERSO	NAL AND STATIST	ICAL PARTICUL	ARS	MEDI	CAL CERTI	FICATE C	OF DEATH
3 sex female	4 COLOR OR RACE black	MARRIED. Sing WIDOWED. OR DIVORCED (Write the word)	gle		ruary 5		
6 DATE OF BI	unkn (Month		1914 (Year)	17 I HEREE	BY CERTIFY,	That I atte	ended the deceased from
7 AGE	17 yrs. Unk	1	LESS than day hrs.	and that death occ. The CAUSE OF DE	urred on the	date stated	above, at 12: 30A.m.
particular ki (b) General business, or	country)	ashington,	D. C.	Contributory Secondary		epsy	Un mos ds.
OF FAT  IO NAME FATHER  OF FAT CState	Cu PLACE	tler Colber	rt				or, in deaths from ury and (2) Whether
12 MAIDE V OF MOT L 13 BIRTHI OF MOT (State of	THER Mar	y Ann Colbe	ert	ients or Recent I At place 2 yrs. 8	RESIDENCE (I Residents) mos6ds.	or Hospit	als, Institutions, Trans-
(Informar	,	Records ille, Mary		Where was disease coif not at place of de Former or usual residence. B8  19 PLACE OF BURI JOUVIL  20 UN DERTAKER			Maryland DATE OF BURIAL 2/7, 13/ ADDRESS Walls MA

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

cases, additional line is provided for the latter statement; it fulness of various pursuits can be known. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servan, Housemaid, etc. If the occupation has been contained to the Spinner, should be used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planler, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Furnier (Te or given up on account of the DISEASE CAUSING I DAIL to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekecpers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, tion applies to each and every person, irrespective of Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed not gainfully em-(6) The ques-Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup ed to n for the same disease. Examples: ('erebraspiral to time and causation), using always the same accent-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the inch the only definite synonym is "Epidemic cerebro pucumonia, fever (never report "Typhoid Pneumonia") Bronchopneumonia ("Pneumonia,

> (lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, (secondar, or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved (Recommendations on statement of cause of carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacenta," "PUERPERAL pertionitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on Chronic valvular heart discase; nephrilis, etc. The contributory Nomenclature Always qualify all " elc.

answered In detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. this certificate is looked over thoroughly and al questions V

(If death occurred in

a hospital or institution, give its NAME in-

number.)

or, in

deaths from

(2) Whether

PLACE OF DEATH

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 9

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples; Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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PLACE OF DEATH County WY AND Scotto.  2FULL NAME DANIEL DAVI	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE SSINGLE.  MARRIED. WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH 13 , 1981
6 DATE OF BIRTH  See /9 , 186/ (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 28 1923 /. to 13 , 1923 /. that I last saw ham alive on 11 /3 , 1923 /.
7 AGE   If LESS than   1 day hrs.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
BOCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE  (State or country)	Contributory Secondary
10 NAME OF FATHER AM DAVIS  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MANY forme Brooks  13 BIRTHPLACE OF MOTHER	(Signed) Ges Lunch M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs nos ds State yrs mos ds
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) has Davis  (Address) Sharly Sull Ha  Filed Feb. 15 1923/ Slev Jalenta Registrar	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  LOUIS AND L
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

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Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; L. stated unless important Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaenia" (merely symptom-(secondary or intercurrent) Whooping American Medical Association.) approved by Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature Chronic chopneumonia (secondary), etc. The contributory affection need Always qualify all not be

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	_	OF DEATH	1008		01411		F MARYLAND
			Park (No. 103		159 A. av.	Registrati	TE OF DEATH
Vil	lage or City		Tables V			St.: W	ard) (If death occurred a hospital or institution, give its NAME istead of street and number.)
	PERSON	AL AND STATIST	ICAL PARTICUL	ARS	MEDIC	AL CERTIFICAT	E OF DEATH
3 9	EX 7	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)		16 DATE OF DEATH	2. /3/	93/ , 192
6 0	ATE OF BIR	7.	/3.	, 1931	17 I HEREBY	CERTIFY, That I	attended the deceased fro
7 A		(Month)		If LESS than I day hrs. or min.?		red on the date st	ated above, at
1	CCUPATION ) Trade, pro						
) bi	o) General na usiness, or es	ature of industry stablishment in ed or (employer)	0 1			(Duration)	yrsmos
ENTS 8	o) General na usiness, or es hich employe	ntry)  That: W.  ACE ER  Country)  ACE Country)	d)		Contributory Secondary  (Signed) 7.19.3/192	(Duration)	
PARENTS & MAG	o) General nations, or established to the state of the st	ntry)  ACE ER Country)  ACE ER Country)	Daris. P. moler		Contributory Secondary  (Signed)  192  *State the D Violent Causes, st Accidental, Suicidal  18 LENGTH OF RE ients or Recent Re At place of death yrs	(Duration)  (Address)  (Address)	Jrs. mos
PARENTS 6	o) General nations, or established to the state of the st	ntry)  ACE ER Country)  NAME ER  Country)  STRUE TO THE BEST	Daris. P. moler	OGE	Contributory Secondary  (Signed)  192  *State the I) Violent Causes, st Accidental, Suicidal  18 LENGTH OF RE ients or Recent Re At place of death yrs	(Duration)  (Address)  (Address)	yrs, mos M.  /3 2 William  ath, or, in deaths from Injury and (2) Whether cospitals, Institutions, Transithe

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can he known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., 8 Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, laborer, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Stationary fireman, etc. But in many (b) Automobile factory. The material Architect, Locomotive engineer, ",""Deal-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; American Medical Association.) (Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

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CORD

Every item of information should be carefully supplied. ACE should be stated EXACTLY, Calans should state CAUSE OF DEATH in plain terms so that it may be properly classified. Statement of OCCUPATION is very important. See instructions on back of certificate. BINDING MARGIN RESERVED FOR TH UNFADING INK--THIS

V. S. No. 1

N. B.

m	Kact	1PLACE	OF	DEATH
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Inhaum Amundal

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#### STATE OF MARYLAND CEPTIFICATE OF DEATH

County	H.HASAL.M.H.H.L.	u: 04: 90:000	(101)	ration Dist. No. 2I
	ty Rock View F		St.:	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	DNAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
3 SEX male	4 COLOR OR RACE White	SSINGLE, MARRIED, WIDOWED. OR DIVORCEDWICOWET (Write the word)	16 DATE OF DEATH February (Mont	6th , 1931
6 DATE OF B		ber 23 , 1849 (Year)	17 I HEREBY CERTIFY, Th. Jan 4th 1951. to	
particular k	N profession or	mos. 14 ds. or min.?	The CAUSE OF DEATH * was as fol	cholelithiasis
business, or which emplo	establishment in oyed or (employer)(		Contributory Cerebra. Secondary  Ouratio	l hæmorrhage
10 NAME FATHE	Anrew Jos	eph Dodson	(Signed) 2. 4. 36. 2-6- 13I (Address) 1	М. D.
711	HER or country) Va.		*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	
12 MAIDE OF MO 13 BIRTH OF MO (State	THER Louisa	Winstead T OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death	In the State
		Dodson rlem ave.	Former or usual residence	ry Feb. 9th 1931
Filed 2	-6- 1924 Z	. 6. Blaig . w. K.	20 UNDERTAKER	Baltimore. Mo

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed " etc., report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease; etc. The contributory

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#### PLACE OF DEATH

#### 01413

#### STATE OF MARYLAND

County	Anne Arundel		3		TE OF DEATH on Diet. No. 21
	ity Rock Point	(No	3	St.: Wa	tion, give its NAME in stead of street and
PERSO	ONAL AND STATIST	CAL PARTICULARS	MEI	DICAL CERTIFICATI	E OF DEATH
male	4 COLOR OR RACE negro	5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)		February	4 , 192.I(Day) (Year)
6 DATE OF B		uary 4 1 93 I	***************************************	192 to	attended the deceased from , 192 , 192
7 AGE	yrs.	If LESS than I dayhrs. mosds. ormin.?	The CAUSE OF D	EATH * was as follows:	ited above, at <u>T. a. 3.0</u> .2. m
business, or	E		Contributory Secondary	(Durstion)	yrsde.
10 NAME FATHE  11 BIRTHF OF FAT  (State	of R Walter Jacks	son	2-4	19DI (Address) Pas	mos de M. D. Sadena M. Saden
12 MAIDE OF MO 13 BIRTH OF MO (State	THER Emma	Douglas	18 LENGTH OF ients or Recen At place of death yrs	RESIDENCE (For Ho t Residents)	theyrsmosds
(Informa	nt) Finma Doug	glas	Former or usual residence	IRIAL OR REMOVAL	DATE OF BURIAL
		.a. Brein - un:	20 UNDERTAKE		ADDRESS

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specimens. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrbage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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N. B. Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CORD MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN

WRITE PLA V. S. No. 1

1PLACE OF DEATH	STATE OF MARYLAND
County O.	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Sunapoles (No. Brung 2FUEL NAME Marie agree	wey to ft St.: 2 Ward)  (if death occurred is a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemel While Single, Married, Married, Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH 27, 1923/
6 DATE OF BIRTH  Mov 84, 19.  (Month) (Day) (Yes	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE 28 yrs. 3 mos. 19 ds. or n	hrs. The CAUSE OF DEATH * was as follows:
a) Trade, profession or House wife	(automobile accident)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmos./ LA
9 BIRTHPLACE (State or country) Ballensere Myd	Contributory Secondary  (Duration) 7 yrs mos d
FATHER John Forster	(Signed) France C. France M. I
OF FATHER (State or country) Columbia Pa.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER / Culturine Hess	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Bultimore M	Where was disease contracted and with the Bullo a Bullo
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or Ballo, not
(Informant) 409 BOSEBANH AVE. (Address) Della Marke 244	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Baltimeri Md Fily 28, 193
15 File \$ 1 28 1923/ Fraga C. T. Registre	20 andertaker Saylar Camapolis
If more bianks are needed, address State Reg	istrar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory

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1PLACE OF DEATH	01415 STATE OF MARYLAND
County J. Ch	CERTIFICATE OF DEATH
C C	Registration Dist. No.
Village or City Churcheli (No. Corner gen	tion, give its NAME in-
2FULL NAME Tred feulle	Tokkensleen number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH (16 DAY), 1931  HALL 14 19 Months) (Day) (Year)
6 DATE OF BIRTH  (Monga) (Day) (Year)	that I last saw h seedlive on Half to the deceased from 1924.
7 AGE [If LESS than	and that death occurred on the date stated above, at 1: 11 m.
66 yrs. 9 mos. 23 ds. or min.?	The CAUSE OF DEATH * was as follows: Uteno Clerkin Cardin Mulan
(a) Trade, profession or L. Condr. 4. S. C. 9.	asuse
(b) General nature of industry business, or establishment in Which employed or (employer)	(Durstion) yrs
9 BIRTHPLACE (State or country) Wary land	Contributory Secondary  (Durstion)  To the property of the contributory of the contrib
10 NAME OF Henry Falkenstein	(Signed) Ufal fredlye M. D.
11 BIRTHPLACE OF FATHER (State or country)  May Cary Cary	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Thressa Peules	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Manyland.	At place of deathyrsmos,ds. In the Stateyrsmosds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mis Fred R. Holkeristein	Former or usual residence.
96 740. Kendres ave	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Fely 28, 193/
15 Filed 1 27 1913/ Frayl C. Fray	20 UN DERTAKER Jayler ADDRESS
Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more blanks are needed, address State Registra	1) No 111 Paracogn Del) Datter) Indanta

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Cre-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraphaul fever (the only definite synonym is "Epidemic cerebrasinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia, "

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. TH UNFADING INK--THIS IS A PERMANE BINDIN FOR MARGIN RESERVED N. B.

V. S. No. 1

PLACE OF DEATH

Village or City Christian (No.	CERTIFICATE OF DEATH  Registration Dist. No. 22  St.: Ward) a hospital or institu-
2 FULL NAME GOOGE J. Fischer	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Manufol Wildowsh, OR DIVORCED (Write the word)	Thomas (Month) 2 (Day) (Year) 3
6 DATE OF BIRTH  (Month) (Day) (Year)	17) I HEREBY CERTIFY, That I attended the deceased from Tiel 2 192 f. to 192
7 AGE    If LESS than   day hrs.   day hrs.   or min.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	ACCIDITATION YES, mos. ds.
9 BIRTHPLACE (State or country) (Espansional)	Contributory Secondary  (Dyration) yts
1D NAME OF FATHER SIMPLIFICATION OF THE PROPERTY OF THE PROPER	(Signed) DENTES NO WASHING GRANDE M.D.
OF FATHER (State of country)  12 MAIDEN NAME  O'A	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Anna Marin Schul	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Jermany	At place of desthyrsmosds. In the Stateyrsds. Where was disesse contracted,
(Informant) Pals it to the BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Uzution	19 PLACE OF BURIAL OR REMOVAL 347 OF BURIAL 1924
File Feloy 28 1981 H. S. Jones Depy Hocal Registrar	20 UNDERTAKER TOR 1219 STOULS
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

01416

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precious of the laborer, Farm laborer, Laborer—Coul minc, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Houseomaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria\* (avoid use of "Croup"); \*Typhoid fever\* (never report "Typhoid Pneumonia,"); \*Lobar pneumonia, Bronchopneumonia\* ("Pneumonia,");

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Wcakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Mansles (disease Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association. perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Committee on Chronic valvular heart disease, etc. The Nomenclature Always qualify all contributory

If this certificate closed over thoroughly and a questions answered in deta it will prove surface correspondence. All the data is essentia and must be obtained before no certificate is permanently filed 1861 61 HVM

MARGIN RESERVED FOR BINDING A S TH UNFADING INK-THIS

6 DATE OF BIRTH  17  Ja	MEDICAL CERTIFICATE OF DEATH  E OF DEATH February 5 - 1931, 192  Feb. (Month) 5th (Day) 1931 (Year) I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH  17  Ja	Feb. (Month) 5th (Day) 1931 (Year)
( a cut)	n.28-1931 192 Feb.5-1931 ,192
20 yrs. mos. ds. l day hrs. The CA	at death occurred on the date stated above, at 9:20 at use of DEATH * was as follows:
9 BIRTHPLACE (State or country) Manokin, Md.	tributory Influenza
Signed)  W. A.  II BIRTHPLACE OF FATHER (State or country)  II MAIDEN NAME  (Signed)  W. A.  Feb. Viole Accid	Simpson (Alu. D. Jessup .Md.
13 BIRTHPLACE 2 At place of death	or Recent Residents)  yrs. 4 mos. 5 ds. In the State 20yre mos

If more branks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more province, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers , who receive a Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Automobile factory. The For persons who have no occupation (b) Grocery; material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is lcss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

Exact

PLACE OF DEATH	1	STATE
County C	V	107-P CERTIFIC
7	11 22	Registr
Village or City Small	-(No. d)	Elay St.:
2FULE NAME	Garnestins	Santo
PERSONAL AND STA	ATISTICAL PARTICULARS	MEDICAL CERTIFIC
Jem. Color or	RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)
6 DATE OF BIRTH		17 I HEREBY CERTIFY, Tha
7 AGE	7 mos. 20 de. or.	S than and that daath occurred on the datehrs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	ry	Contributory Secondary
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	napolie Le Gento majolie	(Signed) (Address) A. *State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	ggre ducer	18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death
(Informant) Canla	E BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

g st:	Ward)	(if death oce a hospital or tion, give its h stead of str number.)	institu-
MEDICAL CER	TIFICATE O	F DEATH	
6 DATE OF DEATH	15. 3	, 18	28 (
***************************************		(Day)	
I HEREBY CERTIF	Y, That I atte	nded the deces	192,
nd that daath occurred on the		above, at	M. A. m.
	Duration)	em el	ets Sa
Contributory Secondary	***************************************		
(IA)	Duration)		da, M. D.
*State the Disease Ca Violent Causes, state (1) Accidentai, Suicidal or Homici	ausing Death, Means of Injudal.	or, in deaths ury and (2) W	from hether
B LENGTH OF RESIDENCE ients or Recent Residents)	(For Hospita	als, Institution	, Trans-
t place f deathyrsmosd	In the State	yrsma	sds.
Where was disease contracted, not at place of death?			*************************
ormer or			

If more bianks are needed, addrass State Ragistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory " "Convulsions, Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN WRITE PLA V. S. No. 1

N. B.

	PLACE OF DEATH	01419 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
1	Village or City Gastport (No. 294 Clu	safeahe (lue St.: Ward) (if death occurred in a hospital or institution, give its NAME in-
	2FULL NAME Trush Gree	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Mule While Signature of Divorce of Divorce of With the word	16 DATE OF DEATH 19237 (Month) (Day) (Year)
	6 DATE OF BIRTH  Off (Month)  (Day)  (Year)	that I last saw h un alive on Leb 21 19231,
	7 AGE  8 3 yrs. 4 mos. 4 ds. or min.?	and that death occurred on the date stated above, at
7	(a) Trade, profession or Geliel Walchman particular kind of work Geliel Walchman (b) General nature of industry	Shock
1	business, or establishment in that House which employed or (employer) at State House  Berthplace (State or country) Churapolis Mel	Contributory Parall of fall from 2d to Secondary  Durstion)  yes mos de
	10 NAME OF Micholas H. Green	(Signed) M. D.
	11 BIRTHPLACE OF FATHER (State or country) Consideration 144.  12 MAIDEN NAME OF MOTHER  14 HORIVORD	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Mary q. Harwood  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	(State or Country) Coursepolis Wyl.	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
	(Informant) Herry Green	if not at place of death?
	(Address) arrapalis 244.	Betannes Cent Leg 24, 193/
	Filed JA 2 4 1923/ fory 6 C. Fred Registrar	John M. Veyler Composis
	If more bianks are needed, address State Registra	r, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houselaborer, Farm loborer, Loborer—Cool mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enbusiness, that fact may be indicated thus; Former Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," etc., when a definite disease "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenelature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Tranition," "Marasmus," "Old Age," "Shock," American Medical Association.) (Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by roilwoy troin-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Soreoma, etc., oi Never report mere symptoms or terminal condior intercurrent) affection need not be ss important. Example: Measles (disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

No.

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Sact Sac		PLACE OF DEATH
E C	C	ounty
AGTLY, cssified e.	Vill	age of City Davenne, l
XOG		41 114
e stated EXA e properly cla of certificate		2 FULL NAME Romas M. Le
state prop		PERSONAL AND STATISTICAL PARTICULARS
NO X	3 8	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
8 ± 0	6 D.	ATE OF BIRTH
ACE that tions		(Month) (Day) (Year)
ms so instruc	7 AG	If LESS than I dayhrs.
supplied terms See instri	0	coupation ds.lormin. ?
Page 100	P	articular kind of work
D 10 44	bi	o) General nature of industry usiness, or establishment in hich employed or (employer)
Pe im		(State or country) Land
should OF DE/		10 NAME OF FATHER Z
SSO	RENTS	of Father (State or country) han land
000	PAR	12 MAIDEN NAME OF MOTHER TWY KNOWN
of information of occupa		13 BIRTHPLACE OF MOTHER (State or country) Many Country)
20	14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
H on E		(Informant) William Free
Every CIAN State	15	(Address) Daw den ville, Md
w		Filed Tele 34 1951 In Inches Gullary

#### STATE OF MARYLAND

St ....

CERTIFICATE OF DEATH

Registration	Dist. No. 46
	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
V16. 22 ng 103/
(Month) (Day) (Year)
17 1 HEREBY CERTIFY, That I attended the deceased from
DZ= 15 1931 to 76, 22 = , 1931.
that I last saw h sim alive on Tob. 20th, 1921.
and that death occurred on the date stated above, at // 5000 m.
The CAUSE OF DEATH & was as follows
Coronary Thumbous
Ara II
(Duration) yrs. mos. de,
And I have the
Contributory Secondary
(Duration) yrs nioe de
(Staned) Mertioner Hoyles M.D.
126.93 1921, (Address) Doi don ville VIIg
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal,
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients, or Recent Residents)
At place of death yrs mos da. In the State, yrs mos de.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
Laverson ille Mr 426.25 1831
20 ONDERTAKER ADDRESS
WO THE PROPERTY OF THE PARTY OF

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

#### ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. business that fact may be indicated thus: Farmer (restat occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occ. pations of persons enployed as Al rehool or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement (a) Foreman. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) a litional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plunter, cupation is very important, so that the relative healththe of 6 years. For persons who have no occupation House maid, etc. work, or At Home, and children, not gainfully em-Physician, Compositor. Architect, Locomolive engineer, full s of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day applies to each and every person, irrespective of engineer, Stationary firemen, etc. For many occupations a single word or term on If the occupation has been changed duties of the But

ferer (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): ed term for the came disease. Examples: Cerebrosphial to time and causation), using always the same accepta-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," Standment of Cause of Death -Name, first, the bis-

> Nomenclature of the American Medical Association.) quences (e.g., sepsis, letanus) may be stated under the diseases resulting from childbirth or miscarriage as symptomatic), "Atrophy." "Collapse," conditions, such as "Asthenia," ment of cause of death approved by Committee head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbol c acid-probably suicide. train-accident; Revolver wound of head homicide; Examples: as probably such, if impossible to determine definitely. and qualify as Accidental, suicidal, or momicidal. State cause "Puerperal seplicuemia." Puerperal perilonilis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock." "Dropsy;" "Exhaustion," "Heart failure." rulsions." шту), 10 ds. causing death). 29 ds.; Bronchopneumonia stated unless important. Example: Mensles use of "Tumer" for malignant neoplasms): Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonarum, etc., Carcinoma, Sarcoma, etc.. of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Ohronic interstitial nephritis, etc. The contributory Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenitul," "Senile." etc.), Accidental drowning: Struck Never report mere symptoms or terminal for which Chronic valvular heart disease; surgical operation was under-(R commendations on state-"Anaenia" "Coma," "Con-Romino, Ag "Ilaemor-(second-(disease (merely

tions If this certificate is lo ked over thoroughly and all quescertificate is permanently filed inswered in detail, it will prevent further correspond all the darn is essential and must be obtained before

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V. S. No. 1

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PLACE OF DEATH  County ( - CO	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Self- 2FULL NAME Self-	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
(Month) (Day) (Year)	1-12-31 192 to 2-1- ,193 (, that I last saw handlive on 2-1- , 193 (,
85 yra. mos. ds. I day hrs. or min.?	The state of the s
(a) I rade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) yrs mos 6 de.  Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  MURNON	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place of death yrs ds. Unite State yrs ds.  Where was disease contracted, if not at place of death?
(Informant)  (Address)	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL
Filed 4 2 19231 fragle C. frage Registrar  If more branks are needed, address State Registrar	20 UNDERTAKER  ADDRESS  ADDRES

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a " etc., without more process. Coal mine, etc. Wom-borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephrilis, ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentaken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of infor-ICIANS should state atemost of OCCUPA-

BINDING

FOR

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MARGIN

#### CITY OF DAITIMODE

COO	1	HEALIH DEFARIMENT	— CITI OF BALTIMORE
y item o		1-PLACE OF DEATH Q.Q. G.	REGISTERED NO. 21 (If death occurred in
Ever accident	101	2-FULL NAME Baly Boy Sun	a hospital or institu- tion, give its NAME instead of street and number.)
PCORI		(a) RESIDENCE NO. Outhout Beach (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	WARD  (If aoa-resident give city or town and State)  ds. How long In U. S., if of foreign birth? yrs. mos. ds.
E.J.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IANENT EXACT classified es.	3 S		16 DATE OF DEATH (month, day, and year) Fil. 10.193.
EX Clar es.		$M \mid W \mid S$	17 HEREBY CERTIFY, That I attended deceased from
rly rly icat	5a	1f married, widowed, or divorced HUSBAND of	Ful 8 , 1931, to Fit 10, 1931,
A PERNe stated properly certificat		(or) WIFE of	that I last saw hamalive on 5.4.10, 19.31,
S A be	6 I	DATE OF BIRTH (month, day, and year) Sept. 20, 1930	and that death occurred, on the date stated above, at
IS J	7 A	AGE Years Months Days 1f/LESS than 1 day,hrs.	The CAUSE OF DEATH* was as follows:
THI thou may back		4 20 ormin.	H. I - 1/1/2 Manatarit
E it	8 0	OCCUPATION OF DECEASED	Tyurage //www.
AGE that	V	(a) Trade, profession or particular kind of work	(duration) 78. 4 mos 2 Ods.
NG so ctic	0	(b) General nature of industry, business, or establishment in	7 - +
DI lied lied ns.	0	business, or establishment in which employed (or employer)	CONTRIBUTORY Manual Wife (Secondary)
NFA suppli term e inst		(c) Name of employer	(duration)yrsmosds.
UN su su See	9 1	BIRTHPLACE (city or town) Balling	if not at place of death?
2	_	(State or country)	Did an operation precede death? Date of
WI are in		10 NAME OF FATHER Holf Sunther	Was there an autopsy?
AAAA	TS	11 BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?
N A S	Z	(State or country) Sermany	(Signed) Access A. M. D.
PLA Spoul	PAR	12 MAIDEN NAME OF MOTHER Margaret Pepusar	2/23, 1931 (Address) / May 1
TE P n sh SE O N is v		13 BIRTHPLACE OF MOTHER (city on lown)	*State the Disease Causing Death, or ia death's from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)
WRI matio CAU	TI		19 PLACE OF BURIAL, CREMATION OR RE-
FIGH		(Address)	Presented as Meximer 19
m.	15		WUNDERTAKER ADDRESS
Z	nv	Filed 19 PECISIDAR No. 21 DATRegistrar	Helpin 8

Registrar 3

[Approved by U. S. Census and American Public Health Asso.]

ice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on receive a definite salary) may be entered as House-wife, Housework or At home, and children, not gainfully employed, as At sehool or At home. business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occuaccount of the disease Causing Death, state occuoccupations of persons engaged in domestic serv-Women at home, who are engaged in the duties of the household only (not paid Housekeepers who part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autonature of the business or industry, and therefore an additional line is provided for the latter state. e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, pation whatever, write None. Laborer, Farm Laborer, Laborer-Coal Mine, etc. mobile factory. The material worked on may form ment; it should be used only when needed. especially industrial employments, it is necessary respective of age. For many occupations a single pation at beginning of illness. If retired from Care should be taken to report specifically the to know word or term on the first line will be sufficient, The question applies to each and every person, irhealthfulness of various pursuits can be known. occupation is very important, so that the relative Statement of Occupation.—Precise statement of more precise specifications, (a) the kind of work and also (b) the as Day AS

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia indenia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . (name ori-

consequences (e. g., sepsis tetanus) may be stated under the head of "Contributory." (Recommensoned by carbolic acid—probably suicide. nature of the injury, as fracture of skull, cidal homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poigenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage Medical Association. by Committee on Nomenclature of the American dations on statement of cause of death approved MEANS OF INJURY and qualify as ACCIDENTAL, SUItis," etc. State cause for which surgical operation was undertaken. For violent deaths state as "Puerperal septicemia," "Puerperal peritoni or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms stated unless important. ondary or intercurrent) interstitial nephritis, etc. ing cough, chronic valvular heart disease; Chronic gin "Cancer" is less finit avoid use of "Tu-mor" for malignant ne plasme, ; Measles; Whoop gin "Cancer" is less Example: Measles (disaffection need not be The contributory (secand

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



No. 1	-WRIT mation CAUSI	TION
Z.	z T	)

1. PLACE OF DEATH		CERTIFICATE OF DEATH 01423	
County Classe Class	ndel	Registration Dist. No. 21	4
Village or City Gastfo	ort	No. 272 Fourth st.,	Wa
Length of residence In city of town where	4 (1	f death occurred in a hospital or institution, give its NAME instead of street and numbers.  S	
2. FULL NAME LESSE	· Clenabeth	Hull	
(a) Residence: No. 272	Forull	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATIST  3. SEX   4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
Female White	OR DIVORCED (write the word)	Feb. 13 193	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cuthur	C. Hall.	22.   HEREBY CERTIFY, That I atended decea	sed fr
6. DATE OF BIRTH (month, day, and year)	ely 16 4 1898	I last saw h. ev alive on Feb 13, 1931; dea	20-0
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
32 11	26   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	to of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House wie	negacardial.	2/.
9. Industry or business in which	rouge soge	I smanfalling	113
work was done, as SILK MILL, SAW MILL, BANK, etc		J-V	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
00	vert Co ryd.	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	ieg is oug	munan	
13. NAME Henry A	full	anama Peetaris (?) H	ista
14. BIRTHPLACE (city or town) 24	any land	Name of operation Mane Date of	
(otato or country)	1/	What lest confirmed diagnosis? Clusteral Was there an autops	sy?
15. MAIDEN NAME Sarah  16. BIRTHPLACE (city or town).	Howard	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country)	ary and	Accident, suicide, or homicide? Date of injury Where did injury occur?	19
17. INFORMANT CITCLES (	Hull and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Castari  18. BURIAL, CREMATION, OR REMOVAL	e a co red	Manner of injury	
Place Cedge Bluff	Dale Tely 16, 1931	Nature of injury	
19. UNDERTAKER John 24	Lauten	24. Was disease or injury in any way related to occupation of deceased?	2
(Address) and	spoll and.	If so, specify	
20. FILED 4 16 , 1931 fr	yac. In a new	(Signed) 9. Welles Marlin	N
	Registrar. blanks are needed, address State Registrar.	(Address) I Municipolity	q.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I-A E		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilcpsy	1 week ago
Chronic interstitial nephritis UREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis '	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN WRITE PL.

V. S. No. 1

PLACE OF DEATH  County Q = Q - 1	STATE OF MARYLAND CERTIFICATE OF DEATH
1	Registration Dist. No. 3/
Village or City amajorlis (No. 42 War	tion, give its NAME in- stead of street and
2FULL NAME Savan 1 444	number-)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 1991 , 1991 (Year)
6 DATE OF BIRTH March 17, 1862.	17 HEREBY CERTIFY, That I artended the deceased from 192 192 197 197 197 197 197 197 197 197 197 197
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Molly-freumen
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
SBIRTHPLACE (State or country) Davidson Ville, Md.	Contributory Secondary  Duration yts
10 NAME OF FATHER CACOBE JUNION.	(Signed) M.D.  1921 (Address) W.D.
OF FATHER (State or country) Davidson Villa Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER amelia Carroll.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Davidson Alls Md	At place of deathyrsmosds. In the Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Ars BESSIE. 1, Mamillon (Address) 42 Washington SI	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  BYENGERAL CEMIT 2. 5 1, 19 3 1
Filed AN 3 19231 Jaga C. France	EHBrarken, 47 Wash-81
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

or anderson

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Form laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Groccry;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock, (secondary Whooping cough; Chronic inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need not be valvular heart disease; etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN	WRITE PLALY, ITH UNFADI	N. B Every item of information should be ca
T ON TO	WRITE PL	N. B Every item of i

1PLACE OF DEATH	02372 STATE OF MARYLAND
County Anne Arundel	© CERTIFICATE OF DEATH
	Registration Dist. No. 23
Village or City	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	February 20, 1931192
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192
February 20, 1931.  (Month) (Day) (Year)	that I last saw halive en, 192
7 AGE  STILLBORN mos. ds. or min.?	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Leroy Turner Hicks  11 BIRTHPLACE OF FATHER (State or country) Linthicum Heights, Md.  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Address)  (Address)
(Informant)	Former or usual residence
15 Filed Z John 1921 Glorilla Soul	20 UNDERTAKER ADDRESS

if more branks are needed, address State Registrac, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an tired 6 yrs). work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Parmer Tree or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospanal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> American Medical Association.) stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ....., (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, approved by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the Always qualify all not be

answered in detail, it will prevent further correspondence. All the data is essential and must he obtained before the certificate is permanently filed.

N	WRITE PLALY, ITH UNFADING INK-THIS IS A PERMANT CORD	-Every Item of Information should be carefully supplied. ACE should be stated EXACTL CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classistatement of OCCUPATION is very important. See instructions on back of certificate.
m	T	e state prop
MARGIN RESERVED FOR BINDING	PERMAN	Every item of information should be carefully supplied. ACE should be stated EXACI CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
FOR	IS A	so tha
ERVED	IKTHIS	in terms
RESI	ING IN	arefuily H in pia ortant.
IARGIN	UNFAD	uid be c F DEAT!
2	ITH	AUSE O
	NLY,	state C
	PL	of o
	VRITE	S sho
	*	N. BEvery Item of Information should be carefully supplied. ACE should be stated EXACTL CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classificatement of OCCUPATION is very important. See instructions on back of certificate.
		-

PLACE OF DEATH	01430 STATE OF MARYLAND
County amal arundel	CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City / Occurred (No.	St.: Ward) (If death occurred is a hospital or institu
2FULL NAME Sufaut Chila of	Helany Calvert (stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Teh  (Month)  (Day)  (Year)
6 DATE OF BIRTH 4 Feb 7th 1931	17 I HEREBY CERTIFY, That I attended the deceased from 192
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE   If LESS than   I day hrs.   mos.   ds.   or   min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Tresselve Terry
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosd
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  Durnight
10 NAME OF Hilary Calvert	(Signed) All Nef Kraf Re
(State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Martha & Traces	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Mary land	At place in the of deathyrsmosds. Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Helary Calvert,	Former or usual residence
(Address) Harwood . Uld.	Tanu of how slave the 19
Filed Tel 9th 1921 NA. Claytor My bree Registrar	Helary Calvert Harwood
If more hunks are needed address State Registrat	. 16 W. Sarafoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emsary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respecpneumoniu, Bronchopneumonia ("Pneumonia,

> .American Medical Association.) tetanus) may be stated under the head of "contributory." "Urnemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Mcasles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic The nature of the injury, etc. The contributory valvular heart disease; Nomenclature not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or City Miss SA (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.: Ward)  (If death occurred in a hospital or institution, give its NAME is stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED TWITE the word)	16 DATE OF DEATH 2/93/3/, 192 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) , 1914 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 199 to 2 3 3 192  that I last saw h walive on 2 1 2 1 3 1, 192
B OCCUPATION (a) Trade, profession or particular kind of work	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)	Contributory Letter Justine Ju
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME  (State or country)	(Signed)
of MOTHER Warks Nerrote  13 BIRTHPLACE OF MOTHER (State or Country). A. A. A.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Marth a location Mother (Address) the Status	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  ADDRESS
Filed #13-6 19231 Francisco Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screpal, Cook ployed. as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Furmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foreman, ," etc., For many occupations a single word or term on Farm laborer. Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Disease Crusing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pueumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drepsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." can be ascertained as the cause. "Uraemia, "" "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping earbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underapproved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby cough; Committee on Chronic valvular heart disease; etc. The contributory Nomenclature Always qualify all Mcasles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

'H UNFADING INK--THIS peliddus should be carefully supplied E OF DEATH in plain terms state CAUS

CORD BINDING FOR MARGIN RESERVED

properly classified that it may

certificate.

back

instructions on

important.

PARENTS

11 BIRTHPLACE

OF FATHER

OF MOTHER 13 BIRTHPLACE OF MOTHER

(Informant)

(State or country) 12 MAIDEN NAME

(State or Country)

(Address)

3 SEX

PLACE	OF	DEAT

County Anne Arundel

Village or City Earleigh Height No.

4 COLOR OR RACE

### 01427

### STATE OF MARYLAND CERTIFICATE OF DEATH

stead

number.)

of street and

945	Registration Dist. No. 21		
	St.: Ward) (If death occurred in a hospital or institu-		

Joseph John Jirout <sup>2</sup>FULL NAME

> 5 SINGLE. MARRIED.

Chechoslovakia

Chechoslovakia

BEST OF MY KNOWLEDGE

Anna

PERSONAL AND STATISTICAL PARTICULARS

16 DATE OF DEATH February (Month) (I 17 I HEREBY CERTIFY, That I attende	Oghb 105T
17 I HEREBY CERTIFY, That I attende	
200 A.	
15Z to,	, 192
that I last saw halive on	192
and that death occurred on the date stated abou	e, at 5 p.
The CAUSE OF DEATH * was as follows:	
Coronary embolism	
## 44-4000000000000000000000000000000000	
07 05 00 00 00 00 00 00 00 00 00 00 00 00	
1	00 00 1 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0
(Duration)	mos
Contributory	***************************************
Secondary	
(Duration) yra	mos
R 60 1/2 10	
(Signed) A- a. Bleck	M.
2- 28 192 I (Address) Pasadena	- 7.52
Paulices of the control of the	
*State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.	
	in deaths from and (2) Whether
*State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)	in deaths from and (2) Whether
*State the Disease Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)	in deaths from and (2) Whether Institutions, Transmission, Washington, Washington, Control of the control of th
*State the Disease Causing Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For lents or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted.	in deaths from and (2) Whether Institutions, Tran
*State the Disease Causing Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For lents or Recent Residents)  At place of death yrs described by the State of death yrs death of the State o	in deaths from and (2) Whether Institutions, Transmission mos
*State the Disease Causing Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of death	in deaths from and (2) Whether Institutions, Transmission mos
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For lients or Recent Residents)  At place of death yrs mos ds State  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Holy Redeemer Cemetery  20 UNDERTAKER	in deaths from and (2) Whether institutions, Transmos
*State the Disease Causing Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)  At place of death yrs mos ds. In the State Vhere was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL HOLY Redeemer Cemetery  20 UNDERTAKER	in deaths from and (2) Whether Institutions, Training was mos and arch 2 1931

WIDOWED.
OR DIVORCEDIAT
(Write the word) white male 6 DATE OF BIRTH T6th March (Month) (Day) IIFLESS th 7 AGE I day 1 (a) Trade, profession or Butcher particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Chechoslovakia 10 NAME OF Joseph Jirout FATHER

WRITE

CIANS stateme

(Yes

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway train— Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid 'Congenital,' "Senile,' etc.), "Dropsy,', "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory

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(Informant)

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PLAC	CE OF	DEATH	
	1000	-Arundel	

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 2
	St.: Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
3	ion number.)
-	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH February 3rd , 19231
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	March 14th 192 30 to February 3 , 19231
	that I last saw h er alive on February 3 , 19231
	and that death occurred on the date stated above, at 4:45Pm.
	The CAUSE OF DEATH * was as follows:
	Encephalitis
-	
	(Duration) Unknown ds. ds.
	Syphilis
1	Secondary
	Unknown de.
1	(Signed) MI A MILLY OF M. D.
	Feb 3 192 31(Address) Crownsville, Md.
	State the Disease Causing Death, or, in deaths from
	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of death yrs 10 mos. 20ds. In the State Liretime ds.
	Where was disesse contracted, if not at place of death?
	Former or usual residence Baltimore City Maryland
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	100 1 A. L. D. Bells Ch - 2/6.
	por valves
	20 UNDERTAKER
	1) caston 1 tallo ma

Crowneville No State Hospi Village or City 2FULL NAME (Mattie) Eleanor Johns PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE. 3 SEX MARRIED, WIDOWED Female black OR DIVORCED (Write the word) 6 DATE OF BIRTH unknown 912 (Day) (Month) (Year) 7 AGE If LESS than I day hrs. OCCUPATION (a) Trade, profession or Domestic particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Maryland (State or country) 10 NAME OF FATHER Frank Johnson 11 BIRTHPLACE OF FATHER Unknown (State or country) 12 MAIDEN NAME (Unknown) OF MOTHER Lola 13 BIRTHPLACE OF MOTHER Unknown (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Hospital Records

(Address) Crownsville, Maryland

m

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotic engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a haborer, Farm laborer, Laborer con mine, etc. wounden at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write None. busines, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted te: n for the same disease. Examples: \*Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria avoid use of "Croup"); \*Typhoid fever (never report "Typhoid Pneumonia"); \*Lobar pneumonia, \*Bronchopneumonia ("Pneumonia,")

> approved (Recommendations on statement of cause of (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Paisoned by "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valualar heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway troin-"Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature Always qualify all Measles;

CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH (Month) HEREBY CERTIFY, That I attended the deceased from \*State the Disease Causing Death, or, in deaths from and Hospitals, Institutions, Trans-In the

STATE OF MARYLAND

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by as fracture of skull, and consequences (e.g., sepsis, taken. American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilwoy troin-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic etc. The contributory valvular heart disease; Nomenclature of the

-WRITE PLAINLY,

V. S. No. 1 B.

1. PLACE OF DEATH	(75)
County (L a	Registration Dist. No.
Village or City annalales	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. If of foreign birth?
2. FULL NAME  (a) Residence: No. What (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINCLE, MARKIED, WIDOWSD, OR DIVORCED (rurie the word)	21. DATE OF DEATH & 6 . 193/ (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Mary Nurvael	22. I HEREBY CERTIFY. That I attended deceased from ,19,10,19
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.	I last saw h elive on to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or busines as IN WICH	Ocute Delatation of the Heart
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  13. NAME  14. Total time (years) spent in this occupation  (State or country)	Dither Contributory Causes of Importance: alcoholish
14. BIRTHPLACE (city or town) Wayton Ohio (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME I da Mc Labre  16. BIRTHPLACE (city or town) a a company  (State or country) a a company	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT One 19 R Nansant (Address) ancopolity 18. BURIAL, CREMATION, DR REMOVAL Place of many 5 Date Xel 8 193/	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury
19. UNDERTAKER B L Hopeform (Address) annoyelle Charge a har	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) Julius W Andersee JP, Ocling as Corney M. D.
Registrar.	(Address) line yells, And,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows AR 6 1931	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arterinectorneis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UPLI TV. S.	1 1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDIN ITH UNFADING INK--THIS IS A PERMAN

County	OF DEATH	0		014	31 STATE		OF DEATH
				(68)	Regist	ration E	Piet. No. 2/
Village or Cit	LL NAME Su	(No		ane	St.:	Ward)	(If death occurred a hospital or instit tion, give its NAME I stead of street as number.)
PERSO	NAL AND STATISTI	CAL PARTICU	LARS	ME	DICAL CERTIFIC	CATE O	F DEATH
3 SEX	a color or race	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	which	16 DATE OF DEA	JIW.	th)	, 193.( (Day) (Year)
6 DATE OF BI	RTH JMON (Month)	Ouw (Day)	, 1(Year)	17 I HER 2 9 that I last saw h	EBY CERTIFY, THE	at I atte	nded the deceased from
7 AGE	about,		If LESS than l day hrs.	and that death o	ccurred on the dat DEATH * was as fo		above, at 8 2 7
* DATTICILIAT KI	rofession or	mestr	2.		North !	1000	MANNELL
(b) General : business, or	nd of work nature of industry establishment in yed or (employer)	Ame	<b>L</b>	Contributory	(Duratio	on)	yis. mos 3
(b) General business, or which emplo 9 BIRTHPLAC (State or c	nd of work nature of industry establishment in yed or (employer) ountry)	Arne Butte	<b>L</b>	Secondary (Signed)	(Duration)	on)	yrs. mos d
(b) General business, or which emplo 9 BIRTHPLAC (State or c	of of work  nature of industry establishment in yed or (employer)  Epountry)  LACE HER  N NAME HER  PLACE HER	Anne Butte	erook.	(Signed) *State the Violent Causes Accidental, Suic 18 LENGTH OF ients or Recent At place of death yrs	(Durstice (Durst	Death, of Inj	yrs mos d
(b) General business, or which emplo 9 BIRTHPLAC (State or c State	ond of work nature of industry establishment in yed or (employer)  E country)  OF LACE HER OF country)  N NAME HER OF COUNTRY)  IS TRUE TO THE BEST	Arne Butle	wood	(Signed) *State the Violent Causes Accidental, Suic 18 LENGTH OF ients or Recen At place of death yrs.	(Dursting (Durst	Death, of Inj  Hospit	or, in deaths from ury and (2) Whether als, Institutions, Trans
(b) General business, or which emplo 9 BIRTHPLAC (State or c State	ond of work nature of industry establishment in yed or (employer)  E country)  OF LACE HER OF country)  N NAME HER OF COUNTRY)  IS TRUE TO THE BEST	Arne Butle	wood	*State the Violent Causes Accidental, Suic 18 LENGTH OF ients or Recen At place of death yrs	(Durstice (Durst	Death, of Inj	or, in deaths from ury and (2) Whether als, Institutions, Tras

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mine, etc. woun-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Nomenclature Chronic etc. The valvular heart disease; Always qualify all contributory

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5a.

7.

OCCUPATION.

MOTHER FATHER

19

20.

ST	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 61432
. PLACE OF DEAT	Н			(173)
County 4. 4.				Registration Dist. No.
Village or City	my	whis !	Md.	No. Comergency Hoft St., 2 Ward death occurred in a horpital or institution, give it NAME instead of street and number)
Length of residence in city	or town where de	eath occurred		ds. How long in U.S. If of foreign/birth? yrsmosds.
. FULL NAME	Temas	Edwar	d Te	e
(a) Residence: No.	Wee	sus 1	Bruk	St. Ward,
(a) noncontact rect		(Usual place	of abode)	If nonresident give city or town and State
PERSONAL AND				MEDICAL CERTIFICATE OF DEATH
71131 0	Veite	OR DIVORCE	RIFD, WIDOWED, O (write the word)	21. DATE OF DEATH Yely 19 (1931) (Year)
If married, widowed, or divorce HUSBAND of	ced	4		22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Carre	. X-es		19, to
DATE OF BIRTH (month, day,	and year)	dely "	+ th 1889	1 last saw h alive on, 19, death is said
AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.
41	7	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or par kind of work done, a SAWYER, BOOKKEEP	ticular s SPINNER, C	urpento	2	Pestol shot wound in abdoment in the hands of san
9. Industry or business in work was done, as S1	which LK MILL.	/		mand & Dresche 3 of Watter Powers!
SAW MILL, BANK, et 10. Date deceased last work	C	11 Total ti	me (years)	Inquest Pending ower
this occupation (mont	th and	spai	it in this	C Famicide.
BIRTHPLACE (city or town) (State or country)	ann	apoli	rud.	Other Caatribatory Causes of Importance:
13. NAME	lu I	ec		
14, BIRTHPLACE (City or tow	(n) Ba	Plemer	i rud	Name of operation
(State or country)				What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	poll	omia	Kulle	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or tow	n) Bal	tun	2014.	Accident, suicide, or homicide?
(State or country)	- 4			Where did injury occur?
INFORMANT CANAL (Address)	lance	kolu	s sept	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
BURIAL, CHEMATION, OR RE	MOVAL	7,1	22 21	Manner of Injury
Place Unitag	avus	Date O	23,193/	- Nature of Injury
UNDERTAKER Jole (Address)	Carrie	Lay	ler sigd.	24. Was disease or Injury In any way releted to occupation of deceased?
FILED 9 21 , 1	31 70	766.8	Registrar.	(Signer aux MH Sphen Ally leavoner, D.  (Address) Amyoli M2
	If more l	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servaut—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CERTIFICATE OF DEATH Registration Dist. No. 22 (If death occurred in a hespital or instituproperly class of certificate tion, give its NAME in-PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, # 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED may Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) and that death occured on the date stated above, at ..... 7 AGE If LESS than I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? & OCCUPATION (a) I rade, profession or particular kind of work a (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country 10 NAME OF 11 BIRTHPLACE Violent Caus s, state (1) Means of Injury and Accidental Suicidal or House 3 and (2) whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the of death... yrs......ds. Where was disease contracted, if not at place of death? ..... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20-UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

taborer, Farm leborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: 1a fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farme tregaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Househeepers who receive a Housemaid, etc. If the occupation has been changed Civil engineer, Physician, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emman, (b) Automobile factory, The without more precise specification as Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many (b) care material Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia";

> telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Uruemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart langue," "Old Age," "Shock," "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinomo, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping cough; Chronic waters Chronic interstitial nephritis, etc. American Medical Association.) as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suncide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on "Atrophy." "Collapse," "Coma," "Convulsions," Chronic valeular heart statement of cause of Nomenclature of the The contributory disease;

V. S. No.

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PLACE OF DEATH	01434 STATE OF MARYLAND
County anna Mundel	CERTIFICATE OF DEATH
.0	Registration Dist. No. 2
Village or City Seven a Fertil	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2 FULL NAME Glorge UM MOSAS	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marien. Widown  Will Dr. Divorced	16 DATE OF DEATH 79. 18 14 , 198/
MULL   Write the word)	17 J HEREBY CERTIFY, That I attended the deceased from
File 14 1863	Fel 1 192 . to Fel 18 , 193
(Month) (Day) (Year)	that I last saw h 42 alive on 1923
7 AGE   If LESS than   I day hrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Opromi Interested Registrates
(b) General nature of industry business, or establishment in	(Duration) 2 yrs, mos ds
which employed or (employer)  BIRTHPLACE (State or country) Baller Columnia	Contributory Chronis Velrala Dever J Alka Secondary  (Durstion) yrs mos de
10 NAME OF FATHER CEREATOFUL Massur	(Signed) James S. Beelingelea M. D. Tapl 19 192 1 (Address) Den Burn. ng
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Many (Minour	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Les mans	At place of deathyrsmosds. In the Stateyrsmosds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Jegge Massur	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) beverna Park	albury m & lumity Fill 21 . 1031
Filed 9 18 1987 grad Registrar	A T Chine Restation my ADDRESS
If more branks are needed, address State Registrat	16 W. Saratoga St., Baito., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). work, should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer--Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory. stated unless important. Example: Measles (disease (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory Always qualify all not be

properly BINDIN that UNFADING INK--THIS MARGIN RESERVED be carefully EATH in plai PA Every item of information shoul CIANS should state CAUSE OF statement of OCCUPATION is ve

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certificate

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Importa

### PLACE OF DEATH

County	Anne	Arundel	

01435 STATE OF MARYLAND CERTIFICATE OF DEATH

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-	1	pa 67		

16 DATE OF D

Februar

that I last saw

I H

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(Signed).

2-19

Registration Dist. No. 21

St.: Ward)	tion, give i	occurred in or institu- ts NAME in- street and
EDICAL CERTIFICATE O	OF DEATH	
February	I9th,	1951
(Month)		
y 2nd 1921 to Fe him alive on Februa	bruary	19,192 I.
occurred on the date stated DEATH * was as follows: _pneumonia		

and that death The CAUSE OF Lobar (Durstion) \_\_\_\_\_yrs.\_\_\_\_mos.I7 none Contributory Secondary

192 I (Address) Pasadena, Md. \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of lnjury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of desth yrs.....ds. Where was disease contracted, if not at place of death?.....

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Jones station

20 UNDERTAKER Parker

ADDRESS Annapolis,

•	 	

Village or City Jones station(No.

Wesley Miller 2FULL NAME

### PERSONAL AND STATISTICAL PARTICULARS

5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED WIDOWED OR DIVORCED Single (Write the word) male negro

6 DATE OF BIRTH

February 24th; 9I0 (Month) (Day) (Year)

7 AGE IIf LESS than I day hrs.

BOCCUPATION (a) Trade, profession or Laborer particular kind of work

(b) General nature of industry business, or establishment in Driving auto which employed or (employer)

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER Horace Willer

11 BIRTHPLACE OF FATHER (State or country)

Md

RENTS 12 MAIDEN NAME OF MOTHER

Florence Jackson 13 BIRTHPLACE

OF MOTHER Md. (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Tampa Miller (Informant) (Address) P. O. Savarna Park, Md

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Physician, Compositor, Architect, Locomotive engineer, to report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaentia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart lanure, "Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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I EXACTL CORD

PLACE OF DEATH	01436 STATE OF MARYLAND
County Anne Arundel	CERTIFICATE OF DEATH Registration Dist. No. 2I
/illage or City Jones station (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male negro single (Write the word)	February 12,th951 (Month) (Day) (Year)
October 4th , 1 9II  (Month) (Day) (Yest)	17 1 HEREBY CERTIFY, That 1 attended the deceased from February 2nd192I. to February 12th192I, that I last saw h im alive on Bebruary 12th, 192I,
If LESS than I day hrs. or min.?    Age	The CAUSE OF DEATH * was as follows:
SHRTHPLACE (State or country) Md .	Secondary (Duration) yre mos de,
FATHER Horace Miller  11 BIRTHPLACE OF FATHER (State or country) Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Florence Jackson 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
(State or Country) MC .  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.
(Informant) Tampa Miller	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) P.O. Severna Park, Md.	Jones station Feb. 15th,31

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

20 UNDERTAKER

E.

B. Parker

ADDRESS

Annapolis, Md

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed " etc., For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiqual fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Transition," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Tranition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature ielanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valuntar heart disease; Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

1. PLACE OF DEAT County Village or City Length of residence in city or town PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Vadero 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than 1 day ... 5 min. 8. Trade, profession, or particular kind of work done, as SPfNNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc .... 10. Dato deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER I3. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME (State or country (Address)

(If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? \_\_\_\_\_yrs. \_\_\_\_mos. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Year) The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset Other Contributory Causes of importance: What test confirmed diagnosis?\_\_\_\_\_ Was there en autopsy?\_ 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_ 19. Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE Manner of injury Nature of Injury

24. Wes disease or injury in env way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

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19. UNDERTAKER
(Address)

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example DEIVE		Example II	
The principal cause of death and related causes of importance were as follows: MAR 6 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis PUREAU V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

### REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) whatever write None. 5: od 6 118.). husiness, that fact may be indicated thus: Furmer fee state occupation at beginning of illness. If retired from or given up on account of the disease carsing meath, House auid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At echool or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; a. !!tional line is provided for the latter statement; it n ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, specially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulnes of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation -Precise statement of oc-For many occupations a single word or term on For persons who have no occupation -Coal mine, etc. Wom-The ques-

spinal meningitis"): Diphtheria (avoid use of "('tonp"); ed term for the same disease. Examples : Cerebrospinal to time and cansation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect the ement of Cause of Death-Name, first, the Dis-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia fever (never report "Typhoid pnenmenia"): ("Pneumonia,"

> head of "contributory." ment of cause of death asproved by Committee quences (e. g., sepsis, tetanus) may be stated under the conditions, such as "Asthenia." Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely "Uraemia," "Weskness," etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "E: haustion." "Heart failure." symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal causing death). 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbol's acid-probably suicide. train—accident; Revolver wound of head-homicide; Examples: and qualify as accidental, stronal, or homicidal, or State cause "Puterperal seplicaemia.""Puerperal peritonitie," diseases resuiting from childbirth or miscarriage as can be ascertained as the cause. vulsions," "Debility" ("Congenital," "Senile," etc.) Chronic interstitiat nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid inges, perilonarum, etc., Carcinoma. Surcoma, etc., of (secondary or intercurrent) affection need not be Whooping FOR VIOLENT BEATHS STATE MEANS OF INJURY cough; Chronic valvular heart disease, Accidental drowning; Struck by railway for which surgical operation was under-(R commendations on state "Anaemia" Always qualify all "Coma," "Haemor (disease (second-(merely

If this certificate is lacked ever thoroughly and all questions answered in ence. All the data certificate is permanently filed answered in 'e all, it will prevent further correspond All the data 's essential and must be obtained before

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FOR

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. PERMANE. K 2 UNFADING INK--THIS Every item of inform CIANS should state WRITE PL

PLAC	E OF	DEATH	
County Ar	ne	Arunde	1

### 01439 STATE OF MARYLAND CERTIFICATE OF DEATH

County.	Anne Arundel	440044944994		97)	Registration	0 1
	City Crownsville 2FULL NAME Will	(Ma <b>n</b> wland) S (A) iam Newcomb	State	Hospital	St.:Ward	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PER	SONAL AND STATIST	CAL PARTICULAR	S	MEDI	ICAL CERTIFICATE	OF DEATH
3 SEX Male	4 COLOR OR RACE Black	SSINGLE, Wido MARRIED, Wido WIDOWED, OR DIVORCED (Write the word)	owed		ëb. 25, 1931	(Day) (Year)
6 DATE OF	BIRTH Unknown (Month)		868 (Year)	Mar. 28	BY CERTIFY, That I at 1, 1930 to Feb	tended the deceased from 0. 25,1931 <sub>192</sub> 25, 1931 192
7 AGE	62 <sub>yrs.</sub> Un		SS than yhrs. min.?	The CAUSE OF DE	curred on the date states ATH * was as follows: Arteriosclero	
(b) General business, which em 9 BIRTHPL (State of Farth	ral nature of industry or establishment in apployed or (employer)  ACE or country)  Marylan  ME OF HER  JOSIAH NEW THPLACE FATHER	comb		*State the	Senility  Senility  31 (Address) Crowns  Disease Causing Death	or, in deaths from
U 12 MAI V OF I L 13 BIR OF I (St	IDEN NAME MOTHER EMMA Jane THPLACE MOTHER ate or Country) Maryl	Web <b>b</b>		Accidental, Suicid	RESIDENCE (For Hospi Residents) Onos. 28s. In the Sta	itals, institutions, Trans
(Infor	Address) Crownsy	l Records	V.	Former or usual residenceC.a	roline Co. Me	DATE OF BURIAL  2/25 3/19  ADDRESS  Wale bein

if more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.-

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Furner veshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Spinner, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Cure should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Physician, Compositor, Architect, Locomotive engineer, Foreman, Or For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salcsman. At Home, and children, not gainfully em-(b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the firease Causing Death (the primary affection with respect to time and causation), using always the same accepted to the information of the same disease. Examples: Cerebrospiul fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilaria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia "Pneumonia,"

approved American Medical Association. "Inanition," "Marasmus," "Old Age," "Shock, (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway train-Whooping cough; ('hronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomenclature etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Village or City a hospital or institucortificate. tion, give its NAME Innumber.) **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED eq WIDOWED. OR DIVORCED BINDIN may (Write the word) GERTIFY. That I attended the 6 DATE OF BIRTH uction that I last saw held alive on ..... (Month) (Day) Ilf LESS than and that death occurred on the date stated above, at 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: THIS RESERVED min.? 8 OCCUPATION 99 (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in ..(Durstion) 2 which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 0 (Address) II BIRTHPLACE RENTS te the Disease Causing Death or, in deaths from Causes, state (1) Means of Injury and (2) Whether OF FATHER (State or country) OIL Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER inform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death .....yrs ................ds. (State or Country) 00 Where was disease contracted. if not at place of death?... MY KNOWLEDGE Former or usual residence. (Informant) Every it CIANS stateme 19 PLACE OF BURIAL OR REMOVAL (Address) 26 UNDERTAKE Régistrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. Wom-6)

Statement of Cause of Death—Name, first, the pismasses CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably swicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular heart disease etc. The contributory

1	PLACE OF DEATH	O1441 STATE OF MARYLAND CERTIFICATE OF DEATH
	age or City / a o (No. 5 ) or  2 FULL NAME / Calter	Registration Dist. No.  Registration Dist. No.  Office St.: Ward)  A hospital or institution, give its NAME instead of street and stumber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEI OR DIVORCED (Write the word)	16 DATE OF DEATH 76.28 TK  (Month) (Day) , 19 31.  17
6 D	May / 188/	that I last saw Is alive on Tet, 28th, 1991.
7 10		The CAUSE OF DEATH is was as follows:
(lb W	CCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)
ARENTS	11 BIRTHPLACE OF FATHER (State of county) Many Carel 12 MAIDEN NAME OF MOTHER (STATE OF MOTHER COUNTY) CAREL COUNTY OF MOTHER	(Signed) Med Med Mayer M.D.  The State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
<u>a</u>	18 BERTHPLACE OF MOTHER (State or country) Nary Care	18 LENGTH OF RESHDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place In the of death yrs. mos. da. State, yrs. mos. da.  Where was disease contracted,
14 7	(informant) The BISCOF MY KNOWLEDGE	if not at place of death?  Former or usual residence
15	Filed Man 1 1921 M. Luckett followith	Tallilee Mit Mach 3 1931. 20 POPERTAGER FORE a cre. Mitchells vitle M
11	If more blenks are needed address State Registron	16 W Saratora St Rolta Requesting V S No 1

### CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

peture of the business or industry, and therefore an ta a 6 yrs.). cr." etc., without more precise specification as Day Wisherer, Write None. busiless, that fact may be indicated thus: Farmer (18 state occupation at beginning of illness. If retired-from or given up on account of the disease causing diath, Hous medd, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to repeat specifically the oce pations ployed, as At "chool or At home. Care should be taken mork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Parm laborer, Laborer-Never return "Labover," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman. (b) Automobile factory. The material Spinner. (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. a . litional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulners of various pursuits can be known. The quesenpertion is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on specially in industrial employments, it is neces For persons who have no occupation -Coal mine, etc. Wom-As examples: (a) of persons

EASE CAUSENCE DEATH (the primary affection with respect to time and causation), using always the same accept of term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

Nomenclature of the American Medical Association.) ment of cause of death amproved by Committee head of "contributory." quences (e. g., sepsis, tetunus) may be stated under the and qualify as accidental, suicidal, or Homicidal, or ture of the injury. De feacture of skull, and conse-Poisoned by carbain acid-probably suicide. The natrain-accident: Examples: Accidental drowning: Struck by railway as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Puerperal septicucmia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," symptomatic), "Atrophy," "Collapse," condition: such as "Asthenia." ary), 10 ds. Never report mere symptoms or causing death). 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid vulsions." (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; ages, perilonarum, etc., Carcinoma, Sarcona, etc.. of FOR VIOLENT DEATHS STATE MEANS OF INJURY "Exhaustion." "Heart failure." "Debility" ("Congenital," "Senile." etc.); Revolver wound of head-homicide; (R commendations on state Example: Measles "Anaemia" "Соша." "Haemor Menstes; terminal (second-(disease (merely

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VITAL STATISTICS

### DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

DR. JOHN COLLINSON.
SPECIAL AGENT,
BALTIMORE, MARYLAND

APR 9 1931 BUREAU V. D.

MAR . 1931

Dear Doctor:

In order to classify intelligently causes of death it is essential that we have the most specific information obtainable. We therefore request that you supply us with any additional information that you may have relative to the following case. Items lacking are indicated by check marks.

	Wilbur Blaine Palmer who died February 20, 1931.
	at Camp Parole, Anne Arundel Count Lause of death is given as
	Pistol Wound in forehead - inquest pending.
4	NOTE: Was this accidental, suicidal or homicidal? Its duration?
5	Please let us have this information after the inquest.
	Contributory cause another man helf for Grand fung
	Where did accident occur, i.e., (1) the county? a.4 6
	(2) the city or other subdivision of the county?
	Where was the disease contracted?
	Did operation precede death? Date of
	Was there an autopsy? What test confirmed diagnosis? bull front
	The information is sought for statistical purposes only and in order that the official report may be complete and correct.

Please reply promptly using the inclosed official envelope which requires no postage.

Very truly yours,

M. D.,

Special Agent.

40 % . V/4.

### THE PARTICIPATE OF COMMERCES

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PLACE OF DEATH County C	01443 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.			
Village or City Brooklyn (No. Belle 2 FULL NAME Months Pa	Ward)  (If death occurred in a hospitul or institution, give its NAME instead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Revole White BIRTH  8 SEX   4 COLOR OR RACE   5 SINGLE, MARRIED, Fugle WIDOWED OR DIVORCED (Write the word)	16 DATE OF LYSATH  (Month) (Day) (Year)  17 i HEREBY/CERTIFY, That I attended the defeated from			
Lecember 1 st, 1916  (Month) (Day) (Year)	that i last saw here alive on Relo. 7 ", 122/mand that death occurred on the date stated above, at 3 %, m			
7 AGE  If LESS than I dayhrs.  9 OCCUPATION  8 OCCUPATION	The CAUSE OF DEATH & was as follows:  Mitrol regugitation and Steverisis			
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Authorse Wed),	Contributor Veste dilatation of beach Secondary (Duration) August And te			
10 NAME OF Mishel Porter	(Signed) The heihel MD, 21/8 1923/ (Address)/324-26 Horrows St.			
12 MAIDEN NAME OF MOTHER WORY Poturokski	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)			
18 BIRTHPLACE OF MOTHER (State or country) Fourisana U.S. O	At place of death yrs. mos. da. In the State, yrs. mos. da. Where was disease contracted,			
(Informant) Mrs. Mory Portes	if not at place of death?			
(Address Belle Sovre Rord Broff The Filed Feb 19 191 C. Woodsuff Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Holf Rosary Centry Tel. 21 1934  20 UNDERTAKER ADDRESS  LIMBO O OLI OLI 705 & ann. 16			
of more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S No. 1.				

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmor (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal mine. etc. Wom-

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7 AGE

9 BIRTHPLACE

#### STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

(If death occurred in a hospital or Institustead of street and number.)

PERSONAL AND	STATISTICAL PARTICULARS

6 DATE OF BIRTH

(Day) (Year) Month' If LESS than I day hrs. min.?

8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry

business, or establishment in which employed or (employer)

(State or country) 10 NAME OF FATHER II BIRTHPLACE

OF FATHER RENT (State or country) 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or Country)

14 THE ABOVE IS TRUE-TO THE BEST

(Informant)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month) (Day) MEREBY CERTIFY, That I attended the deceased from

and that death occurred on the date stated above The CAUSE OF DEATH \*7was as follows:

Durstion) ..... Secondary

/(Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. deaths from

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the At place of death Where was disease contracted, if not at place of death?

Former or usual residence

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

Every it CIANS stateme

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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In If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	200	ACT
(	WRITE PLACY, TH UNFADING INK-THIS IS A PERMANENT ROORD	Every item of information should be carefully supplied. ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
4	K	rope
5	Ji Z	be a
	SWA	nay bad
BIN	PEF	sho s
D.R.	Y S	ACE tha tion
F C	S 18	s so
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1 <sub>PLACE</sub>	OF DEATH
County A	nne Arundel
Village or City	Crownsville

**2FULL NAME** 

3 SEX Female

7 AGE

NTS

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE

(a) Trade, profession or particular kind of work (b) General nature of industry

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE

> OF MOTHER (State or Country)

(Informant)

(Address)

business, or establishment in which employed or (employer),

PERSONAL AND STATIS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

OAAAT

OF DEATH		STATE OF MARYLAND
nne Aru	ndel	CERTIFICATE OF DEATH
		Registration Dist. No.
	sville State Hospita  Eavania Porte	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR Dlack	RACE SSINGLE SINGLE MARRIED. WIDOWED. OR DIVORCED	16 DATE OF DEATH February 23rd , 192.31
	(Write the word)	(Month) (Year)
н Unkn	OWN , 1891 (Month) (Day) (Year)	January 1th1928 to February 23, 19231 that I last saw h er alive on February 23, 19231
40 yrs.	If LESS than 1 day hrs unknown de. or min.	The CAUSE OF DEATH * was as follows:
fession or of work	Domestic	
ture of indust ablishment in	try	(Duration) 1 yrs, mos ds.
ntry)	Maryland	Secondary Taknowy mos ds.
	Mnknown	(Signed Signed Crownsville Md.
CE R country)	Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
NAME ER	Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
		AUSTRA OF ACCOUNT SECONDARY

Lifetime Where was disease contracted,

if not at place of death?.

Baltimore Maryland Former or usual residence

BURIAL OR REMOVAL Crownsville, Maryland

ADDRESS

20 UNDERTAKER

Registrar

Unknown

Hospital Records

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting No. 11/2

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furmer (re or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. to report specifically the occupations of persons enployed. as At school, or At home. Cure should be taken household only (not paid Housekeepers who receive a laborer, Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) 10 For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salcsman. At Home, and children, without more precise specification as Day For persons who have no occupation If the occupation has been changed Automobile factory. The material Laborer-Coal mine, etc. not gainfully em-(b) Grocery, Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: \*Corebrospinal fever\* (the only definite synonym is "Epidemic cerebrospinal meningitis"); \*Diphtheria avoid use of "Croup"); \*Typhoid fever\* (never report "Typhoid Pneumonia"); \*Lobar pneumonia, Bronchopneumonia\* ("Pneumonia");

> Recommendations on statement of cause of American Medical Association.) (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septionemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State eause for which surgical operation was undercan be ascertained as the cause. "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic valvular heart disease; etc. The Nomenclature Always qualify all "Haemorrhage, eontributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1 >

PLACE OF DEATH  Count Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Saw Baur (No	St: Ward)  (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  192  17 I PEREBY CERTIFY, That I attended the deceased from 192  that I last saw h and on 195  192  that I last saw h 192  the saw h 192
7 AGE  yrs	and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Makhan Oasuu  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	Contributory Secondary  (Signed)
Filed Registra  Registra  Registra  Registra	Maulon Luces Henburas  or, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. MA

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive orgineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, erc., or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day For persons (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed who have no occupation -Coal minc, etc. not gainfully em-Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospitul fener (the only definite synonym is "Epidemic cerebrospitual meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." discases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoraties," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Scnile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Mausles (disease Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Whooping (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Committee on Chronic etc. The contributory valvular heart disease; Nomenclature Measles;

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N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING ITH UNFADING INK--THIS IS A PERMA FOR MARGIN RESERVED NLY WRITE PL V. S. No. 1

PLACE OF DEATH County Co - Co - Co -	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City ( Sussafe & City (No. 3 )	Registration Dist. No.  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from
7 AGE    If LESS than   I day hrs.   ds.   or min.?	and that death occurred on the date stated above, at m.  The CAUSE OF DEATH, * was as follows: " like the least of the lea
particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Durstion)de.  Contributory
10 NAME OF FATHER Wellean Onuce	(Signed June 1 193/ (Address) Homefoli Me
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place of death
(Informant) Sella Guerre  (Address) 32 9 JUG Conf.  15 Filed # 8 19231 Fragh C. fragistrar  Registrar	20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  34 JOHN BALLEST AND
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL seplicaemia," "PUERPERAL perilonitis, atic), "Atrophy, Unique Senile," etc.), "Dropsy,"
"Debility" ("Congenital," "Senile," "Haemorrhage,"
"Fxhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is lcss definite; avoid for malignant neoplasms); Measles; Chronic valvular heart disease; etc. The contributory

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of occurs PHYSICIANS should UNFADING INK-THIS IS A PERMANENT RECORD. Every Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be of back See instructions on supplied. mation should be carefully TION is very important. B.—WRITE PLAINLY

S. No. 1

of inforstate

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01448
1. PLACE OF DEATH	(on a
County a a	Registration Dist. Np. 2/
0 64 1 2	10 6000
Village or City Control (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	ds. How long in U.S. If of foreign birth?yrsmos ds.
2. FULL NAME Celfred - J. Gue	m
(a) Residence: No. 2 6 Parallel (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the ward)	21. DATE OF DEATH 2 /2 ,193 3/
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of  Lety Die Green	22. I HEREBY CERTIFY, That I attended deceased from  12. 195/ to 74/2 193/
6 DATE OF BIRTH (month day and year) Dat 9-188	I last saw h
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
(Y) 4 2 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	ware as follows: Corebral Humms, has a Date of onset
kind of work dona, as SPINNER, Please	The second secon
kind of work doma, as SPINNER, SAWYER, BODKKEEPER, etc	
1D. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year) 000000000000000000000000000000000000	
12. BIRTHPLACE (city or town) Connafelio mo	Other Contributory Causes of Importance:
13. NAME Parech J. June 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Seland (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Carniel Civolley	23. If death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Date of injury, 19
17. INFORMANT agare Jum (Address) 36 Pandal	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
19 BILDIAL CREMATION OF PEMOVAL	Manner of injury
Place amofolis and Date Fel 16 ,19	Nature of injury
19. UNDERTAKER B & Hopfing (Address) 170 west st amofolion	24. Was disease or injury in any way related to occupation of deceased? 220
20, FILED 941 16 , 1931 Dray 4 C. Juny a Turo	(Signed) M.D.

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes Date of onset of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis ARR 1001	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	\$1449 STATE OF MARYLAND
County Cb to Co	© CERTIFICATE OF DEATH
1 0 10 0	Registration Dist. No.
Village or City and al Cho. 6	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OF PACE   5 SINGLE,	16 DATE OF DEATH
Temal Coff (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 J HEREBY CERTIFY, That I attended the decaysed from 192 to 2 192 192 192 192 192 192 192 192 192 1
(Month) (Day) (Year)	that I last saw he live on 192
7 AGE   If LESS that   I day hrs	. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Paternosclesos
business, or establishment in which employed or (employer)	(Durstion) yrs mos 18 ds.
9 BIRTHPLACE (State or country) June (Device (a)	Contributory Secondary  (Durstion)  ye mos ds.
10 NAME OF HOLOGIE! Halpine	(Signed) M. D.
OF FATHER  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cathering for Prancy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Marce Coxed.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED GE	Where was disease contracted, if not at place of death?
(Informant) Legicle Quin	Former or usual residence
(Address) County a Quete,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Removed 19 19 19 19 19 19 19 19 19 19 19 19 19
Filed Jeff /2 1923/ Francy C. Francy	The Defice A 30 / Orlhand
If more blanks are needed, address State Registre	ar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary). use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary Whooping cough; Chronic Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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FOR BINDING

MARGIN RESERVED

S. No.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	01450
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1. PLACE OF DEATH		(91-a)·
County Anne Arundel		Registration Dist. No.
Village of Annapolis		No.U.S. Naval Hospital St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Joseph C:		
(a) Residence: No. U. S. No.		St., Ward East St. Louis, Illinois.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOV OR DIVORCED (write the w	ED. February 5 193 1 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from
or bittle of bittit (month, day, one year)	ec. 24, 1909.	I last saw hour elive on 4 ch 5 th 193 (; death is said
7. AGE Years Months 21 1	Days If LESS 1 day, or	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Mydslupm	Endocarditis, acute. Que 193
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Student	0
this occupation (month and year)	11. Total time (years) spent in this occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Illing	ois.	Cerebral embolism
13. NAME Angra	non	
13. NAME  14. BIRTHPLACE (city or town). Oliver  (State or country)	Am	Name of operation Clinical examination What test confirmed diagnosis? West there an autopsy? NO
15. MAIDEN NAME White	mu	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)		Accident, suicide, or homicide?
17. INFORMANT Worde It	oefelol	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place and Months	Pate Feb 6	Manner of Injury
19. UNDERTAKER D L Hoff (Address) annap la	6 mg	24. Was disease or injury in any way related to occupation of deceased? No
20, FILED \$ 16 , 1931 9-	zyle e. frzegi	(Signed) K. K. Hew nower M. D.
If more	blanks are needed, address State R	egistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I WED		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Combinal homomorphicae	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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The principal cause of death and related causes Date of onset of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MAR & TON	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S	July 5,1927	Peritonitis	3 days ago
	7			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				0,

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S No. 1

	7)	PHYSI-
	CORD	d EXACTLY, orly classified tificate.
	FX	state prope of cer
MARGIN RESERVED FOR BINDING	WRITE PLALY THE UNFADING INKTHIS IS A PERMANT CORD	N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
Z,	0	m
>		Z

PLACE OF DEATH  County anni arendel.	01452 STATE OF MARYLAND
Slauble 11 Ata	CERTIFICATE OF DEATH  Registration Dist. No. 2 3.
Village or City (No	St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 71. 5 14 , 198 /
September 6, 1868  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1925 to 74 , 1981, that I last saw h 4 alive on 74 , 1981,
7 AGE  62 yrs. 4 mos. 29 ds. or min.?	and that death occurred on the date stated above, at 10 - A.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in which employed or (employer)	(Duration) yes 6 mos des
9 BIRTHPLACE (State or country) Penn,  10 NAME OF FATHER ORDER, E. Pupple.	(Signed) James V. Bellings Ca. M. D.  Fef 5 1921 (Address) Klin Burner. M.
OF FATHER (State or country)  W	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER adelyne Showers.  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrs
(Informant) Everett Repole.	Where was disease contracted, if not at place of dea.h?
(Address) Landheren 177. Ma.  15 Filed F26. 6 1931 C Wardereff	Koudon Parkley Heb. 7, 1931

(Approved by U. S. Census and American Fublic Health Association.)

household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when necded. As examples: (0) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Flanker, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emworked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken report specifically the occupations of persons en-Foremon, For many occupations a single word or term on Form laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature American Medical Association.) diseases "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.Y Chronic valvuu.
>
> memhrilis, etc. The contributory Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

PHYSI-

that it may be properly classified.

Every item of information should be carefully supplied. ACE should be stated EXAC' CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS

WRITE PL

PLACE OF DEATH

anne arundel

01453

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	(Ward)	tion, give i	or in	E in
		stead of	street	and

Vil	lage or City Julesville (No. /
	2FULL NAME Survell Sande
	PERSONAL AND STATISTICAL PARTICULARS
3 8	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, LUGGLE OR DIVORCED (Write the word)
6 E	OATE OF BIRTH AUG 26, 1930
7 A	(Month) (Day) (Yesr)  If LESS than l day
) (I b	a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)
	(State or country) Marylysed.  10 NAME OF FATHER Cavara Saudies.
PARENTS	OF FATHER (State or country)  12 MAIDEN NAME
PA	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Maryland
14	(Informant)
	(Address) Galerntle Md.
15	214 21 WA / WIL

MEDICAL	CERTIFICATE	OF DEATH	1
16 DATE OF DEATH	Fel	B.	, 193/
10000000000000000000000000000000000000	(Month)	(Day)	(Year)
17 I HEREBY CEI	RTIFY, That I at	ttended the	eceased from
***************************************	.192 to		, 192
that I last saw hali	ve on		, 192
and that death occurred	on the date state	d above, at	m
The CAUSE OF DEATH *	was as follows:	1 -1	1
as y week		l allers	auce.
Sufposed	tokare	lad	
112	10		
11/19 0000	1. ////		
	(Duration)	uspeca	mosds.
Contributory			
Secondary	100)/1	01 - 0	
	Dyration	J18	mosde
(Signed)	11/10/10	yes	M.D.
192(A	ddress)	1 Ovep 1	raf Alg.
		or, in de	aths from
*State the Disease Violent Causes, state Accidental, Suicidal or H	(1) Means of i omicidal.	injury and (	2) Whether
18 LENGTH OF RESIDE		oitals, Institu	tions, Trans
At place of deathyrsmos	ds. In the	ne ateyrs	mosds
Where was disease contracted if not at place of death?	<b>1,</b>	•••••	
Former or ususl residence			***********
19 PLACE OF BURIAL OF	REMOVAL	DATE O	FBURIAL
Cross News (0	metery	1	7 , 1931
20 UNDERTAKER	,/	ADDRESS	
N.11. Nous	lister	ntelown	110.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Med.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housel:eepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact CORD ALY, ITH UNFADING INK--THIS IS A PERMANT MARGIN RESERVED FOR BINDING WRITE PL.

V. S. No. 1

PLACE OF DEATH	16		TE OF MARYLAND
County June (lru	udel	50	FICATE OF DEATH egistration Dist. No.
Village or City Thrange 2FULL NAME C	erid aire		Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERT	IFICATE OF DEATH
3 SEX 4 COLOR OR RACE	5 SINGLE, MARRIED WIDOWED COR DIVORCED (Write the word)	16 DATE OF DEATH	Fef 10th, 1921 Month) (Day) (Year)
6 DATE OF BIRTH  Fel	sth 1931	192	, That I attended the deceased from
(Moath)	(Day) (Year)		date stated above, at
yrs	nos. ds. l day hrs		
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer)	Und.	This child was res	yes weak at time of worker worker was more to mother working)
9 BIRTHPLACE (State or country)	0	Contributory Secondary	puration) A fris nosds
10 NAME OF FATHER OREGEN	Tancer	(Signed)	T. Claretor M. D.
II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME	restand	7 7 7	sing Death, or, in deaths from feans of Injury and (2) Whether il.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	exelluce expliced	At place of death	
(Informant) lashing	by Castro	if not at place of death?	
(Address)	Thian Jud.	Horse of Burial or REM	acton fel 10th 131
15 Filed 2//0 192/	No hel Registrar	Mashington Caston	ADDRESS William
If more branks are	needed, address State Registra	ar, 16 W. Saratoga St., Balto., Req	uesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enr," etc., Foreman, For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation single word or term on -Coal mine, etc. Wom-(6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

M. B.

PLACE OF DEATH County ( Lame ( Lambel )	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23
Village or City flew Bune (No	St.: Ward)  (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Word)  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. WIDOWED. Williams OR DIVORCED (Write the word)	16 DATE OF DEATH 2/3/3/, 192 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h Leanlive on 17 13 192 192 192 192 192 192 192 192 192 192
7 AGE    If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary  (Daystion)  John March M
11 SIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Muchusum  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos de. Un the State yrs mos de.  Where was disease contracted,
(Informant)  (Address)  Filed Q Q 19:07 Registra)  If more banks are needed, address a tate Negistra	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  17, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

'household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. Foreman, etc., Williams, Laborer-rer, Farm laborer, Laboreror At Home, and children, For many occupations a single word or term on yrs). For persons without more precise specification as Day (b) Automobile factory. The material If the occupation has been changed who have no occupation -Coal mine, etc. not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, taken. For violent deaths state means of injuly American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Nomenclature Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further prespondence. All the data is essential and must be obtained before the certificate is permanently filed.

1E61 1/2 833

V. S. No. 1

PLACE OF DEATH	01456 STATE OF MARYLAND
County Ca Co.	CERTIFICATE OF DEATH
	Registration Dist. No. 27
Village or City ennapolis (No. 129) 2FOLL NAME Martha	St.: Ward) (If deeth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH UNKNOW, 1	that I lest saw h Taliye on 750 / 192/,
(Month) (Day) (Year)	1 80
7 AGE   If LESS than   1 day hrs.	and thet deeth occurred on the dete stated above, at
75 yrs. mos. ds. or min.?	THE CAUSE OF BEATH * was es follows:
a OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	afronless
which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory (Duration) Tyrs. mos. ds.  Contributory (Duration) Tyrs. mos. ds.
10 NAME OF FATHER hashs Sowy.	(Signed) lubre for the M. D
OF FATHER  (State or country)  OF FATHER  (State or country)	*State the Bisease Causing Death, or, in deaths from Violent (Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MARE	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mus James (nopman:	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 129 Soull St.	Closs Rouds Cent 4 fet 21. 1931
Filed 9 19 1923 1 france france 20	Theo E Hicks & 34 Morthwest &
If more blanks are needed, addrese State Registra	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer Teor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physiciam, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Salesman, 6 Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "('Exhaustion,'" "('Heart lauture, ''' '(Inanition,'" "('Marasmus,'" "Old Age,'' "Shock,'' '(Uraemia,'' "Weakness,'' etc., when a definite disease stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory affection valvular heart disease; need not be

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V. S. No. 1

PLACE OF DEATH	0145 STATE OF MARYLAND
County O (1	CERTIFICATE OF DEATH
Village or City South River (No.	St.: Ward)  St.: Ward)  St.: ward)  St.: ward)  St.: ward)  Of of or street and of street and or street and st
2FULL NAME 6 Hanche Venn	non Gibley number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married Wildowship (Write the word)	16 DATE OF DEATH Yely 23, 198/
6 DATE OF BIRTH Wiknown, 1892	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)  7 AGE    If LESS than   I day hrs.   I day hrs.	
a OCCUPATION (a) Trade, profession or House wye	Clasedental Drowning
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)
10 NAME OF FATHER Philip 24. Semmon  11 BIRTHPLACE (State or country)  (5)  12 OF FATHER Philip 24. Semmon  13 DISTRIBUTION Manufact  (State or country)  14 DISTRIBUTION Manufact  (State or country)	Secondary  (Duration)  yes mos ds.  (Signed William Wi
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Unbusine	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs ds.
(Informant Heal 4. Sibley	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Baltenne Md	19 PLACE OF BURIAL OR REMOVAL  Balleneré 244  Tely 23, 1931
Filed # 2 3 19231 frage C. Frage Kegistrar	John M. Vaylor Censepoli
If more bianks are needed, address State Registra	r, 10 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease approved by Committee on Nomenclature "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) affection need Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B. Every item of information should be carefully supplied. ACE should be stated EXACTLY PHYSI-GIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN WRITE PLA

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1PLACE OF DEATH	01458 STATE OF MARYLAND CERTIFICATE OF DEATH
1	(83) Registration Dist. No. 24
Village or City South River (No	St.: Ward)  St.: Ward)  A hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule White Single, Married, Wilder OR DIVORCED (Write the word)	16 DATE OF DEATH Fel. 23, 1983/
6 DATE OF BIRTH  May  (Month)  (Day)  (Ye	that I last saw haiive en, 192, 192
TAGE  Coloret 9 yrs. 9 mos. 10 ds. If LESS I day	hrs. The CAUSE OF DEATH * was as follows:
e OCCUPATION (a) Trade, profession or School particular kind of work	accedental Browning
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country) Bullinine H	Contributory Secondary  (Duration)  To mos de
10 NAME OF Newton C. Sebley	(Signed Jones / Address Amopolis Ma
State or country) Ballencore Ma	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Blanche Lemmo	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents)
OF MOTHER (State or Country) Dallewire 29	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Informant) Neal Q. Sibley 2018 E. 31 st Ltt (Address) Baltimore 24d	
15 Filed 11 23 19231 from 6. Frage Registra	now 20 UNDERTAKER Layler address Chrospolis
	gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Wom-Stationary fireman, etc. But in many (b) Automobile factory. The material single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be

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MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—

STATE O	F MARYLAND—CERTIFICATE OF DEATH	01459
DEATH		

1. PLACE OF DEATH	
County A.A.	Registration Dist. No. 21
Village or City Annapolis Md.	No. Emergency Hospt. St. 2 Ward
Length of residence in city or town where death occurred_ 68_yrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth?
2. FULL NAME William A. Smith	
(a) Residence: No. 499 Eastern Ave.	ports, Ward.
(Usual place of alrode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	
Male White OR DIVORCED (write the word)	, 193
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yoar)
(or) WIFE of Elizabeth Ann Smith	22.   HEREBY CERTIFY, That Lattended decased from Feb. 1,1931, to Feb. 7, 1931
6. DATE OF BIRTH (month, day, and year) Feb. 1 1863	I last saw ham alive on Feb 7 , 19 31; death is said
7. AGE Years Months Days If LESS that 1 day,	
68 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Feneral perulamba 1/2/3/
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Annapolis Md. (State or country)	Other Contributory Couses of importance:  Acuste Dinerticulates
置 13. NAME John Smith	
13. NAME John Smith 14. BIRTHPLACE (city or town). A.A.CO.Md.	Name of operation Laborofasmy Date of 3/1/31
(State of country)	What test confirmed diagnosis? Outlo pog. Was there an autopsy? The
15. MAIDEN NAME Rebecca White 16. BIRTHPLACE (city or town)A.A.Co.Md.	23. If death was due to external causes (VI) LENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) A. A. CO. Md.	Accident, suicide, or homicide? Date of Injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Elizabeth Ann Smith	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Eastport A.A.Co.Nd.  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Annapolis Md Date Feb. 10, 193	Nature of injury
19. UNDERTAKER John M. Taylor (Address) Annapolis Md.	24. Was disease or injury in any way related to occupation of deceased? 110
20. FILED 9 10 19 31 fraga c. for a	(Signed) M. D. (Address) Anna police, M. D.
	rar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:	and the same of th	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. 8

a si	1PLACE OF DEATH	01460 STATE OF MARYLAND
<b>1/ ≥</b> ₩	County Mine Arundel Co.	CERTIFICATE OF DEATH
75	Noon Hole Omes - Greeken	Registration Dist, No.
TT.	Vear Holy Cross Cemetery. Village or City Lorris Hill (No. 5th Tistri	Ct. St.: Ward) (If death occurred in the state of institution
tated EXACTLY PH roperly classified. certificate.	2FULL NAME Richard C. Stewart.	ward) a hospital or institt tion, give its NAME is stead of street an number.)
Tateo	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMA NY OUID BE ST MAY BE DE	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Larried, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH FEL 3 , 1931
PE PE so	6 DATE OF BIRTH  ACCUST (Month) (Day) (Year)	TEL 3 1931 to 7 1931 that I last saw here alive on 7 2 1 3 193
HIS IS A HIS So that the second of the secon	7 AGE IfLESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
INKTi INKTi fully supp plain terr unt. See In	a OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	Jana les (Duration) 1/500 mos de
FADING be caref	which employed or (employer)  BIRTHPLACE (State or country)  Annapolis, Id.	Contributory Secondary  (Duration)  (Duration)  yrs mos di
TH UNI	10 NAME OF FATHER John St.ewart.	(Signed) & CH J. HOS (Cas M. D. W. L. H. L. M. D. M. D
ation s CAUS TION	Z (State or country) Annapolis Id	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T E of	OF MOTHER TONT CHOW	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
f Inford state	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds, Stateyrsmosds
WRITE F y Item o NS shoul	(Informant) Fred Hilary,	if not at place of dea.h?
WR Every It CIANS stateme	(Address) Crris Hill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS  ADDRESS
	Filed & 4 1033/ Janua N Quegam Registrar	a. Havord Elans 38 & Fert aug
( AZ	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DIS. A CATISTING DEATH household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISI to report ployed, as At school, or At home. Care should be taken For many occupations a single word or term on yrs). specifically the occupations of persons en-Compositor, For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many E CAUSING DEATH.

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-Chronicvalvular heart disease; etc. The affection need not be contributory etc., of

If this certificate is looked over thoroughly and all questions some red in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH  County Anne Arundel  llage or City Annapolis RoadNo	6	<i>59</i> )
	PERSONAL AND STATISTICAL PA	RTICULARS	
	male white Singly window or Div (Write to	ED.	16 DA
-		17, 1.868 Day) (Year)	that I
<b>1</b> 5	63 yrs mos. 5  OCCUPATION (a) Trade, profession or Farmer	ds. ormin.?	
) h	particular kind of work  b) General nature of industry  business, or establishment in  which employed or (employer)		mel
9 E	(State or country)		S
	10 NAME OF FATHER Nelson Stinche	omb	(Signed
ENTS	OF FATHER (State or country)  Md		Vic
PARE	of Mother Anne Martin		18 LE
	13 BIRTHPLACE OF MOTHER (State or Country)		At place of deat
14	THE ABOVE IS TRUE TO THE BEST OF MY	NOWLEDGE	if not

Gibson

(Address)

15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

H , 192I (Year) deceased from , 192 , 1920, 4 p. m. teriosole iabetes
, 1931 (Year) deceased from , 192 , 192 4 p. m. teriosale
(Year)
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deceased from , 192 , , 192 0, 4 p. m. teriosole
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Registrar

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrophial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. "Uraemia, "" "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all

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AGE should be

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

/:		LACE OF				95-6	11400			
						Registration Dist. No.				
						No. 56 Ladison	St.,Ward			
						death occurred in a hospital or institution, give its NAME instead of stre	eet and number)			
		Length of reside	Ace in cily or town where			ds. How long in U.S. if of foreign birth?yrs.	mos ds.			
1	2. F	ULL NAM			en.					
	(	(a) Residence	: No. 56 Mad			St., Ward.				
		PEDEONA	L AND STATIST	(Usual place		If nonresident give city or to MEDICAL CERTIFICATE OF DEA				
3	SEX		4. COLOR OR RACE		RIED, WIDOWED.	21. DATE OF DEATH				
		ng Le	White		D (write the word)	February (Month) (Day)	, 193 /(Year)			
5a.	If m	arried, widowed SBAND of				22. I HEREBY CERTIFY. That I at				
	(or	) WIFE of	Raymond V	. Svends	sen	22. I HEREBY CERTIFY, That I at				
	DATE	OF DIRTH (-		Oct II	I904	I last saw h alive on, 1				
1	AGE	Years		Days	If LESS than	to have occurred on the date stated abova, atm.	V, geath is said			
		26	4	I3	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of important	ce			
	1 8.	Trade professi	on, or particular	1	ormin.	were as follows:	Date of onset			
ON	0.	kind of wor	rk done, as SPINNER, OOKKEEPER, etc	House:	Wife	acute delatation of the he	01-			
1	9.	Industry or bu	siness in which			The second of the second	·			
13		SAW MILL,	one, as SILK MILL, BANK, etc							
000	10.	Data daceased this occupat yaar)	last worked at tion (month and	spa:	ima (years) nt in this upalion					
			Nort	th Carol	inia	Other Contributory Causes of importance:				
12.		THPLACE (city of (State or country)	or town)			Les de seguere				
ER	13.	NAME	William G	OWenl		- Landour				
ATH	14	DIDTUDI ACC (	city or town)			Name of operationDa	ate of			
F	14.	(State or co	ountry) NOT	th Carol	inia	What test confirmed diagnosis? Was the				
ER	15.	MAIDEN NAME	73.7			23. If death was due to external causes (VIOL ENCE) fill in also the fi				
H	16	DIDTUDIACE /	city or town)IIO.		linio	Accident, suicide, or homicide?				
MOT	10.	(State or co		A-ledeVettine	d	Where did injury occur?				
			Raymond V.	Svends	en	(Specify city or town, county of Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	and State)			
17.		(Address)	6 madison	St. Ann	apolis.	Spoon, many social in the social, in point, or in to	CIO I CAOL.			
18		IAL, CREMATIO	N, OR REMOVAL			Manner of Injury				
1		Placa IIQ.V	al Cemeter	W. Date Feb	27,193I	Natura of injury				
1.0	IINS	EDT 1 VED	В. І. Норк	oina.		24. Was diseasa or injury in any way related to occupation of decaas				
19		ERTAKER(Address)	68west str		anolisId	16 00 000016				
1		40.	9		2 - 2	(Signed) John W, anderson & P. Colins	as Coroning D			
20	, FILE	D. 1	193/	pla C.	Registrar.	(Address) annapolis, Mil.				
Statement of	NAME OF STREET			/						

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dexceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	= 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	20/6			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

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American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Chronic interstitial nephritis, approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease; Always qualify all

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V. S. No. 1

PLACE OF DEATH  County — Q	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cart Tort (No	Nome from the street and number.)  Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
(Month) (Day)	1881 (Year) that I last saw h Malive on 1921, 1931,
56	If LESS than and that death occurred on the date stated above, atm.  I dayhrs.  ormin.?
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	at li is Patienthat me.
which employed or (employer)  BIRTHPLACE (State or country)  Wygin (a	Contributory Secondary  (Duration)  Vie Jinos de Contributory  (Duration)  Vie Jinos de Contributory  Secondary  (Duration)  Vie Jinos de Contributory  Secondary
10 NAME OF FATHER UNKNOWN 1	(Sigred) Sure with M. D.
State or country)  (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER UN KNOWY (	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) White own	At place of death yrs mos. I de State yrs des
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE	Former or usual residence
(Informant) Momas Shomps (Address) Cost Port	Mid Livend Ship End 27 1, 1931
	Registrar & HB Parker 47 Wash- 5
If more bianks are needed, address St	ate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons (b) Automobile factory. The material Laborer-Coal minc, etc. who have no occupation not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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		MANENT RECORD. Every item of in	PHYSICIANS should s	-
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1	A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	state UPA-	1. PLACE OF DEATH	- D-a
1	occ occ	County a w	Registration Dist. No. 37
	should be OCC	Village or City Weemb Creek	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	20/2	770	ds. How long in U.S. if of foreign birth? yrs mos ds.
	YSICIANS statement	2. FULL NAME Frances Janous	
		(a) Residence: No. Ween (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	1 2	2. SET 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ALL 20 ,193/ (Year)
	MANENT KACTL lassified.	5a. It married, widowed, or differed HUSBAND of (or) WIFE of  (or) WIFE of	22- I HEREBY CERTIFY, That I attended deceased from 193/ to 193/
BIL	EX.  EX.  y cla	6. DATE OF BIRTH (month, day, and year) Andrew 1866	I last saw h 4 alive on 4 9 , 1932; death is said
		7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
FOR	IS A F stated properl ertifica	65 ormin.	wara as follows:
_	be s be for of co	8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, atc.	year year weeks hughin
RVI	should it may n back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  1D. Data decased last worked at this occupation (month and spent in this	
RESERVED	H H T 0	11. Total tima (yaars) this occupation (month and year)	
	NFADING I plied. AGE rms, so that instructions	12. BIRTHPLACE (city or town) austra Hungera	Dethar Contributory Causes of importance:
ARGIN	FAI ied. ns, stru	(State or country)	
AR	0 0	13. NAME CINCOL DOUCH  14. BIRTHPLACE (city or town)	
X		14. BIRTHPLACE (city or town) (State or country)	Nama of oparation Date of What tast confirmed diagnosis? Wes there an autopsy?
	Wrrs efully in plai		23. If daath was dua to axternal causes (VIOLENCE) fill in also that following:
	PLAINTY, Wi hould be earefu OF DEATH in j	15. MAIDEN NAME Unfersor  16. BIRTHPLACE (city or town) UNIVERSOR  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
<b>C</b>		F / Name of State of the state	Where did injury occur? (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Should OF D	17. INFORMANT (Address) R 7 W & B anniques on	
	- 00 - 00	18. BURIAL, CREMATION, OR REMOVAL Place Wells Wess Data Feb 22, 19	Manner of injury
0.1	WRITE mation s CAUSE TION is	19. UNDERTAKER B. Z. Happing (Addrass) amopolal marshard	24. Was disease or injury in any way ralated to occupation of deceased?
V. S. No.	Ä	20. FILED 92/21, 1931 fray 4 C fra Registrat.	(Signed) for Garage M.D. (Address) Ceruspin my
1	and a	If more blanks are needed address State Resistrar	2411 N Charles Street Ballimore Requesting 91 S No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the dcceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE	OF	MARYL	AND—CERTIFICATE	OF	DEATI

61466

1. PLACE OF DEA	TH			<u> </u>	
County A.A.				Registration Dist. No. 27	
Village or City	nnapolis		(lf	No. 146 South St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in ci		occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsm	osds.
2. FULL NAME	Infant (B)	rasher	s) Wash	unglow	
(a) Residence: No.	,			St., Ward.	
		(Usual place		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.				21. DATE OF DEATH	
Au R			(write the word)	(Month) / (Day)	, 193 (Year)
5a. If married, widowed, or dive HUSBAND of	orced			22. A I HEREBY CERTIFY, That I attended	deceased from
(or) WIFE of	Single			41.7 1934 to A. 7	19 2/
6. DATE OF BIRTH (month, da	y, end year) Feb	. 7 19	31	I last sew h elive on	; death is seid
7. AGE Years	Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated above, etOLOm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or p	articular		ormin.	were as follows:	Date of onset
kind of work done,	as SPINNER, TYOU	ne		and en way	
9. Industry or business in work was done, es SAW MILL, BANK,	SILK MILL.			6 units duration	-
10. Date deceased last wo this occupation (mo year)	rked at nth and		me (years) it in this pation		-
12. BIRTHPLACE (city or town) (State or country)	Annapo	lis Md	•	Other Contributory Causes of Importance:	
تا اع NAME Charle	a Rrasha	rs			
I			Md .	Neme of operation. AN Oate of	-
14. BIRTHPLACE (city or to (State or country)	own)AIIII.	POTTO	Mac •	What test confirmed diegnosis? Was there en	autonewa
15. MAIOEN NAME DO	rothy Was	hingto	n	23. If death was due to external causes (VIOL ENCE) fill in elso the following	
16. BIRTHPLACE (city or to				Accident, suicide, or homicide? Date of injury	
17. INFORMANT Dorotl				(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR	napolis M	u.		Manner of injury	
Place Brewer	Hill	Date Feb.	8 ,19 31	Nature of injury	
19. UNDERTAKER John	M. Taylo	r		24. Was disease or injury in any way related to occupation of deceased?	w
(Address) Anna	polis Md.	16 c d	ma mal	(Signed) If A Julius 1	✓ M. D.
			Registrar.	(Address) Aunafria le	4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

H UNFADING INK---THIS IS B .- Every itom of information should be carefully supplied MARGIN RESERVED

2

Exact		PLACE OF DEATH									
c:assimed.	1	Dodevardwille (No									
rificate	2 FULL NAME Colevar Wake										
cer		PERSONAL AND STATISTICAL PARTICULARS									
sy be prosect of	3 5	Male White Single, Married, Widowell. Wilburk (Write the word)									
lain terms so that it may be properly t. See instructions on back of certific	6 0	OATE OF BIRTH  (Month) (Day) (Year)									
ms so ti instructi	7 /	76 yrs. 1 mos. 13 ds. or min.?									
in plain ter rtant. See	() B	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)									
DEATH in pla	9 8	(State or country) Maryland									
or DE s very		10 NAME OF Jahren II Wakers									
ON	RENTS	OF FATHER (State or country) Maryland									
State CA	PAR	12 MAIDEN NAME OF MOTHER Surland									
2000		OF MOTHER (State or country) Mayland									
Statement of O	14	(Informant)  (Informant)  (Informant)  (Address)									
5 G	15	Filed 414 9 1920 1 8 10 Joge Registral									

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 211

St.: Ward) (If deat

(If death occurred In a hospital er institution, give its NAME instead of street and number.)

	MEDICAL C	ERTIFICAT	TE OF DEAT	н
16 DATE	OF DEATH	Files	7	1991
	***************************************	(Month)-	(hay)	(Year)
17 De	I HEREBY CER	TIFY, That I	Telegraphic the	deceased from
that I las	st saw h	2	ely 4	1917
and that	death occured on	the date sta	ted above, at	940P
	SE OF DEATH *	was as follow		1
•5	bauce		100	
a	Jance	N of the	e Slaw	coop
***************************************		<i>U</i>	************************	
		(Duration)	1yrs. 8	жэн da
	butery	••••••••	***************************************	
		Burat (on)	)	mgsdı
(Signel),		tras &	Wat	Xem.
Til	7 8 1923/ (Ad	ldress)	Burg	Leny
Violent	tate the Discase t Causes, atate ( ntal, Suicidal or Ho	1) Means of	eath, or, in f Injury and	deaths from (2) whether
T ENG				
	TH OF RESIDER		ospitals, Instit	utions, Trans
At place		ts)	ospitals, Instit	utions, Trans
At place of death Where was	r Recent Resident	ts) ds.	n the	
At place of death Where was	yrsmoss disease contracted, place of death?	ts) ds.	n the	
At place of death Where was if not at Former or usual resident	yrsmoss disease contracted, place of death?	ts) Inds.	a the Stateyrs	
At place of death Where was if not at Former or usual res.d	r Recent Residen	ds. li	the State yrs.	mos d
At place of death Where was if not at Former or usual res.d	yrsmoss disease contracted, place of death?	ds. li	the State yrs.	DF BURIAL

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enen at home, who are engaged in the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Feeladditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. ployed, as At school, or At home. Care should be taken Civil engineer, Physician, Compositor, Architect, tion applies to each and every fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation Stationary fireman, etc. If the occupation has been changed person, irrespective of Locomotive engineer, duties of the But in many The ques-Granery, Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syncnym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), "phoid fever (never report "Typhoid Pneumonia"), "nbar pneumonia. Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart ranne," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Meusles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc tions, such as "Asthenia," "Anaemia" (mcrcly symptomcausing death), 29 ds.; Bronehopneumonia (secondary), approved (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by Examples: Accidental drowning; Struck by railway trein or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perdonaeum, etc., Carcinoma, Sarcomu, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Chronic etc. affection need valvular heart disease; Nomenclature The contributory not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A 1 the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	01458 STATE OF MARYLAND
County (	92-00 CERTIFICATE OF DEATH
Village or City South Riven No.	Registration Dist. No. 2/ St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME 1 0818 // askins	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 - 18. 3   , 192
6 DATE OF BIRTH  UM Known - , 1	17 I HEREBY CERTIFY, That I attended the deceased from  2 - 8 3 192 to 2 18 3 192
(Month) (Day) (Year) 7 AGE [If LESS than	and that death occurred on the date stated above, at 10,30/m.
about 83 yrs mosds. or min.?	The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or Donestic	Rostie Insufficiency
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) while mos / while
9 BIRTHPLACE (State or country) South Piver 4-4-Co	Contributory Secondary  (Durstion) yrs mos ds.
10 NAME OF Robert Boston	(Signed) Cety Mulmey M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Colizabeth Brooks	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) South River	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs NEwton Oprigas	Former or usual residence
(Address) bouth River	Holis Chafiel (20), 1931
Filed FU19 1923/ frage C. fragistrar	EH Branker 47 Wash SI
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Dr. Malony

(Approved by U. S. Census and American Public Health Association.)

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ECORD. Every item of infor- PHYSICIANS should state fact statement of OCCUPA-	Village or C	ity And dence in city of Ha
P.E.	PERSON	AL AND
T K.	3. SEX Male	4. COLOR O
ING NEN CTI	5a. If married; widow	ed, or divorced
NDING RMANE? X A C T J	(or) WIFE of	M
BIN ERN EX y cla	6. DATE OF BIRTH (	month, day, an
FOR BINDING IS A PERMANENT stated EXACTLY properly classified. certificate.	7. AGE Yea 38	
E P S E	8. Trade, profes	sion, or partic

ATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. Maine napolis. Maryland Ward (If death\_occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Llies timenos rry Wells Main Ward (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEAT RACE Married (write the word) (Month) (Year) 22. CERTIFY. That I attended deceased from rs Harry Wells d year) August 8,1892 Months Days If LESS than to have occurred on the date stated above, at \_\_\_\_\_m 6 3 1 day, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or. \_ \_ \_ min. were as follows: Date of onset kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Ch. Pharmacist UPATIO Mate, U.S.N. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation \_ Other Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_. MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Unknown Accident, suicide, or homicide?\_\_\_\_\_ Oate of injury\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) U.S. Naval Academy. Annapol Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased 19. UNOERTAKER (Address) If so, specify

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		<b>a</b>		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, I CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN

WRITE PLA

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X	- 5
1/1	Xax
/	I

CORD

PLACE OF DEATH

County	Anne	Arundel	



### 01470 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

	y Bar Harbor		St.: Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSO	NAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex female	4 COLOR OR RACE	5 SINGLE.  MARRIED, WIDOWED, OR DIVORCEDMATTIED (Write the word)	16 DATE OF DEATH February 2Ist, 1931 (Month) (Day) (Year)
6 DATE OF BII	May (Month)	25th , 1873 (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from February 16th 92I. to February 20 193I., that I last saw her alive on February 20th., 193I.,
7 AGE		If LESS than I day hrs. 26ds. or min.?	end that death occurred on the date stated above, at II Dam. The CAUSE OF DEATH * was as follows: Carcinoma of stomach and bile-ducts
(State or co	James H.  LACE HER or country) Md.		(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOT	HER Laura I	ehn	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mos ds.
(Informan		White	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  HOLY Cross Cemetery  2/25, 193/
Filed 2-	22 19 <b>8</b> 1 Z.	a. Breis ~ A	M. J. Flynn I422 Light st

(Approved by U. S. Census and American Public Health Association.)

Spinner, sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(b) The ques-Grocery;

Statement of Cause of Death—Name, first, the pisease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping eough; Chronie valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as "Congenital," "Senile," etc.), "Dropsy,"
"Heart failure," "Haemorrhage," etc. The contributory

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BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of conset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No.

N. B.

1PLACE OF DEATH	01472 STATE OF MARYLAND
County 4. 4/	CERTIFICATE OF DEATH
Village or City Persapoli (No. Consug	tion, give its NAME in stead of street and
2FULL NAME Ida Virginia	a Williams number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferral White Single, Married, Widow OR DIVORCED (Write the word)	16 DATE OF DEATH Selection (Month) (Day) (Year)
6 DATE OF BIRTH  Month) (Day) (Year)	that I last saw held alive on July 1921.
7 AGE    If LESS than   1 day hrs.   or min.?	and that death occurred on the date stated above, at 6 33 pm. m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Bronchio Pranonia Not Know Dission Plant mos 12 de
9 BIRTHPLACE (State or country) Baltimore MA  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country) Unbrown	Contributory Secondary  (Duration)  (Signed)  (Signed)  *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)  At place of death
(Informant) Mis Margaret Heddinger  (Address) Surcley St  (Address) Sulter Margaret  (Filed 128 1923 / Frey h & Fry 4	Former or usual residence
Registyar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. 2006,

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobilc factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the Did EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, Whooping as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; "" "Weakness," etc., when a definite disease or intercurrent) affection need not be Chronic valvular heart disease Example: Measles (disease etc. The contributory

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### PLACE OF DEATH

County arme arundal

### 01473 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 34 20

Vi		Verginia Clay	to boollen	d) a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
	SEX 4 COLOR OR RACE	STINGLE, MARRIED, WIDOWED, OR DIVERSED WIDOWED (Write the word) Widowed	Jelman (Month) (	, 192 / 6 (Day) /93/ (Year)
6	DATE OF BIRTH  Write  (Month)		that I last saw h M alive on Tu	Lub. 16 , 1821,
8	OCCUPATION	mosdds.   If LESS than    dayhrs.     ormin.?	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	
X	(a) Trade, profession or particular kind of work	Houseinfe-	(Duration)  Contributory hybritemin	yrs. mos & de.
S	(State or country)  10 NAME OF FATHER  11 BIRTHPLACE Teatrn	Clayton County.	(Signed) Fruity ( He Fut, 17, 1921 (Address) Lol	mmond-M.D.
RENT	OF FATHER (State or country)	tig tale	*State the Priscase Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
PA I	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  THE ABOVE IS TRUE TO THE BES'	annelel lounts	ients or Recent Residents)	he tateyrsmosds
14	(Informant) m. John	v Clayton	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL  Owensville 244	PATE OF BURIAL
15	Filed 4 1 / 6 1923/ 8	Pegistrai	John My. Yeyla	Charpeles S No. 1 6
	If more b.anks are	needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V	- Culo

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Screant, Cook, housemaid. etc. If the occupation has been changed additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEACH to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tle first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Stotionary fireman, etc. But in many (a) the kind of work and also (b) the (b) Automobile foctory. The material Salesman. -Coal mine, etc. Wom-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature

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3

7

OF MOTHER (State or Country)

(Informant)

,						
	PLACE	OF DEAT	ГН			
	County	Anne	Atunde	1		(
Vil	lage or City	Crov	vnsvil	le Stat	te Ho	sp <u>ita</u>
•	2FUI	LL NAME		Mario	on F.	Wrigh
	PERSON	NAL AND	STATIST	ICAL PART	ICULAR	RS
3 5	SEX	4 COLOR	OR RACE	SSINGLE, MARRIED,	-	rated
n	nale	blac	k	OR DIVOR (Write the	CED	
6 [	DATE OF BIR	тн				
		Unk	mown		, ]	888
			(Month)	(Day		(Year)
7 /	GE	43 yrs	unk	nown	1 da	ESS than y hrs. min.?
(P(b)	a) Trade, properticular kin b) General nusiness, or ewhich employ	d of work ature of ind stablishment	ustry in	Labore	r	
9 E	(State or con		Mary	land		
	10 NAME O	F	Dela	ney Wri	ght.	dead
RENTS	11 BIRTHPL OF FATH (State of		Mar/			
PARE	12 MAIDEN OF MOTH		Mary	Anders	on	
	AS DIDTUR	ACE				

Maryland

Hospital Records

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Address) Crownsville Marvland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

### 01474 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 27

nt	St.:	Ward)	a hospital tion, give i stead of number.)	or institu- ts NAME in- street and
MEDICA	L CERTIF	FICATE O	F DEATH	
16 DATE OF DEATH Februs	ery 15	th		192 31
*******************************	(Me	onth)		(Year)
Febauary 2nd				5.th923
that I last saw h 1m	alive on	Februa	ry 15t	h, 19231
The CAUSE OF DEATH				
Exhaustion	due t	o pro]	Longed	mania
			3weeks	
	(Dura		yrsn	nosds.
Contributory Secondary	- 0	Depres	type	nos ds.
(Signed) 192	(Address)	rowney	ille.	MA
*State the Dise Violent Causes, state Accidental, Suicidal or	ease Causir			
18 LENGTH OF RESI		or Hospit	als, Institut	ions, Trans-
At place of death		In the State	Lifet	ime ds.
Where was disease contractif not at place of death?	***************************************			
Former or Wico	mico (	County	Mary	land
19 PLACE OF BURIAL	OR REMOV	d	Fel.	BURIAL /8. 19.31
20 UNDERTAKER	2	0	ADDRESS	ell X

(Approved by U. S. Census and American Public Health Association.)

cases, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from ployed. as At school, or At home. Care should be taken Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Nervant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at kome, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemoid, etc. If the occupation has been changed to report laborer, Foreman, (b) Automobile foctory. The material especially in industrial employments, it is necesor At Home, and children, For many occupations a single word or term on Farm laborer, yrs). (b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-For persons Laborer-('oal mine, etc. who have no occupation, not gainfully em-(6) Grocery, Wom-

Statement of Cause of Death—Name, first, the preEASE CAUSING DEATH (the primary affection with respect
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Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

6

stated unless important. Example: Measles (disease "Inanition," "Marasmus, Vicases," when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc., "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar) Whooping ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway troin-Recommendations on statement of cause of "Atrophy." "Collapse." "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) affection need not be Chronic valvular heart disease, etc. The Nomenclature Always qualify all contributory

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